
N-FOCUS Major Release Combined EA and MLTC September 29, 2013

A Major Release of the N-FOCUS system is being implemented September 29, 2013. This document provides information explaining new functionality, enhancements and problem resolutions made effective with this release. This document is divided into four main sections:

General Interest and Mainframe Topics: All N-FOCUS users should read this section.

Electronic Application: N-FOCUS users responsible for case activity received through the Web based Electronic Application should read this section.

Developmental Disabilities Programs: N-FOCUS users who work directly with DD programs and those who work with the related Medicaid cases should read this section. Note: This section will only appear when there are tips, enhancements or fixes specific to Development Disabilities Programs.

Expert System: All N-FOCUS users with responsibility for case entry for AABD/MED, ADC/MED, SNAP, CC, FW, IL, MED, and Retro MED should read this section.

Note: When new functionality is added to N-FOCUS that crosses multiple topics (ie General Interest and Mainframe, Alerts, Correspondence, Expert System etc) the functionality will be described in one primary location. This location will usually be the General Interest and Mainframe section or the Expert System section. Alerts, Work Tasks and Correspondence that are part of the new functionality will be documented in both the primary location that describes the entire process and in the Alerts, Work Tasks and Correspondence sections.

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General Interest and Mainframe

Affordable Care Act (ACA) New

Many changes have been made to the N-FOCUS system to accommodate the requirements of the Affordable Care Act (ACA) which goes into effect October 1, 2013. Other changes will take effect January 1, 2014. While some information will be provided in this document that will provide background on the Affordable Care Act and processes that will change, the primary information that will be covered will be changes made to the N-FOCUS program.

Program Case Responsibilities (Change)

On July 1st, 2013 DHHS reorganized to comply with requirements of the Affordable Care Act (ACA) into two separate areas of Program responsibility:

Economic Assistance and Medicaid/Long Term Care

Program responsibility was reassigned among staff in the Customer Service Centers, Local Offices and Central Office Program Administration to align with these two areas.

Responsibility for ADC and AABD Grant, State Disability Program, SNAP, SSAD, LIHEAP and Child Care Cases are now processed by Economic Assistance staff in the Scottsbluff and Fremont Customer Service Centers and local offices throughout the State.

Responsibility for all Medical Programs, except certain State Disability Program cases are now processed by Medicaid/Long Term Care staff located in the Lincoln and Lexington Service Centers and local offices throughout the State.

As a result the N-FOCUS system has been reprogrammed to process some program cases differently. Here is a table showing how Current Programs are being reconstructed into New Programs:

Old Programs			
ADC/Med		AABD/Med	
New Programs			
ADC Payment	AABD Payment	Medicaid	599 CHIP

Grant Program Case Split (New)

All of the Current ADC/Med and AABD/Med cases (where both grant and medical were together in one program case) must be closed and the New Programs will be pended and processed. A group of workers is being assigned to this task but you may run across cases that have not been converted. When this occurs, you should close the existing combined case and create the new separate cases unless otherwise instructed.

Once the case is converted the client will be eligible based on current rules through March 31, 2014. When Renewals are done the MED budgets will be run using the new rules.

If you have questions regarding the case conversion processes please speak with your supervisor.

Application Processing (Change)

Applications for Medicaid will now be received from both ACCESSNebraska and the new Federally Facilitated Marketplace (FFM). We will begin taking applications using the New Application process on October 1st.

The Affordable Care Act (ACA) requires separate applications for Medicaid and Economic Assistance Programs such as SNAP, Energy Assistance, ADC and AABD Grant etc. Nebraska will continue to use the current electronic application until later this year when the new E-App will be released.

In addition to the current E-App and paper applications for Economic Assistance Programs, the Application Management function will handle the new ACA App (Health Care Application). Some clients will need to complete a Supplemental Application as well. Application Management also handles applications and/or referrals sent to us from the Federally Facilitated Market Place (FFM).

MLTC: Federally Facilitated Marketplace (FFM) (New)

A customer seeking healthcare options at the Federally Facilitated Marketplace (FFM) may request financial assistance to help pay for health insurance, including pursuing Medicaid eligibility. Using Nebraska Medicaid specific eligibility rules, the Marketplace assesses Medicaid eligibility. The FFM will not make any Nebraska Medicaid determinations. The customer may request a Medicaid determination regardless of the FFM assessment. Either way the Marketplace transfers the application to Nebraska via an Account Transfer.

The Account Transfer information is converted to a Healthcare Marketplace (HCMP) Electronic Application. The corresponding PDF will have the same look and feel of the new Healthcare Nebraska NE(HCNE) e-application that will be released at a later date.

FFM Account Transfer applications can be received into Nebraska on day one (Oct. 1) even though the state will

FOCUS - Federal Electronic Application System

File Actions Detail Help

New Application

Application

Applicant: JAMES H RYAN

Type: Healthcare Marketplace Med. Assistance Cd: COMBINED

Number: 10004 Interpreter Language: ENGLISH

Received: 08-06-2013 Status: Registered

Classification Code:

Priority Reasons

Programs

Applied For	Master Case	Program	Program Id	Program Case Name	Tr
MEDICAID	282 MEDICAID		3988753	JAMES H RYAN	01

Status History

Status	Begin Date	Begin Time	Created By
Submitted	08-06-2013		SYSTEM

08-15-2013 17:18:32

not have their NE(HCNE) e- application ready until later.

When an application is transferred from the Marketplace to Nebraska, the eligibility decision is returned to the Marketplace via an outbound Account Transfer.

Note: The response to the Marketplace from N-FOCUS occurs in a nightly “behind the scene” process after a worker has determined the eligibility for the applicants.

When e-apps are received from the Marketplace to Nebraska, the Type field on the Detail Electronic Applications window in the mainframe will indicate Healthcare Marketplace. A Federal Referral ID will be generated for each applicant in the household. See MLTC Adding Federal Referral ID for more information.

MLTC: Market Place Application (New)

The new Healthcare Marketplace Application will display, if appropriate, when you click the Application icon on the Detail Electronic Applications window. The following is an example of the new Healthcare Marketplace Application:

Application for Medicaid and Insurance Affordability Programs								
Application Received Date: 09-11-2013				Healthcare Confirmation Number: 10075				
Application Information								
Household Contact Name		Start Date	Submit Date	Application Type (for internal use only)				
Jeffery Nichols JR 01-24-1962		09-10-2013	09-11-2013	Healthcare Marketplace Combined				
Federal Application ID FFMAPP-GS- ABCDEFGHIJKLMNQRSTUUVWYZ-01- V003								
<input checked="" type="checkbox"/> I agree to allow my information to be used and retrieved from data sources for this application. I have consent for all people I will list on the application for their information to be retrieved and used from data sources.								
Start Section								
Contact Information - Jeffery Nichols JR								
Home Address		Mailing Address		Phone/Email				
Dents Run, #4 Second Level Address Mannington, WV 26582 Marion				555-555-1212 Ext.123 (Work)				
Language		Contact Preference		ryan@yahoo.com				
English (Spoken)		Email						
English (Written)								
Household Members								
First	Middle	Last	Ext	Gender	SSN	DOB	Age	Applicant?
Carli	Ann	Nichols		Female*	234-60-8661	01-24-1964	49	Yes #
Jeffery	John	Nichols**	JR	Male	326-60-3914	01-24-1962	51	Yes
Connor		Nichols	The Very First	Male	444-44-4444	01-25-2000	13	Yes
Eva		Nichols		Female	456-78-9013	05-20-2013	0	Yes

Scroll down to the Verification Information section to view information received that has been verified by the FFM. This information is considered confidential and for internal use only. Verification will come from HUB requests to SAVE and Equifax (TALX) for persons submitted.

Verification Information (For internal use only)	
Carli Nichols 01-24-1964	
Page 15 of 19	

Application for Medicaid and Insurance Affordability Programs	
Application Received Date: 09-11-2013	Healthcare Confirmation Number: 10075
Source	DHS SAVE
Date Time	02-28-2013 12:00 AM
Status Indicator/Code	Hub response expected
G 845 Major Code	Lawful Permanent Resident
DHS SAVE Step	
Case Number	Verification4WV
Eligibility Statement Code	
Lawful Presence Verified	

MLTC: Account Transfer to the FFM (New)

In addition to sending responses to the Marketplace for applications transferred to Nebraska, Nebraska also sends the Marketplace Account Transfer applications for the customers we have denied/closed.

Note: The Marketplace does not want to receive Account Transfers for applicants who are not complying with “Procedural Requirements” for Medicaid or illegal aliens. If an applicant is closed or denied for such reasons as not providing information, sanctions, or for an ineligible immigration status, he/she is not eligible to apply with the Marketplace and will not be transferred as an applicant. Other household members in compliance but denied/closed for other reasons, will be transferred.

The following are situations in which you will deny/close a case and re-pend the case in order to generate the Account Transfer to the FFM:

- While a person is awaiting a disability determination, if not eligible for any other Medicaid category, the worker should deny/close the case with the reason of “Not Disabled or Blind” and then re-pend the case.
 - This initiates a transfer to the Marketplace so the customer may enroll in a Qualified Health Plan (QHP) while awaiting the disability determination.

- When a person fails a MAGI budget due to “over income,” and they want to be determined for Medically Needy Share of Cost, the case must be re-pended. (The customer is requested to complete a Supplemental Application and Interview.)
 - The closure/re-pend actions initiate a transfer to the Marketplace so the customer may enroll in a Qualified Health Plan (QHP) if necessary.

Case Registration (Change)

Once an Application is received the Applications Manager pends the case, ties the application and confirms the Mode of each program case. Many of the screens have remained the same but the flow has changed.

Note: The ACCESSNebraska application type is now referred to as an Economic Assistance (EA) application type.

New Programs Window (Change)

The Affordable Care Act requires there be a separate application for Medicaid and Economic Assistance cases, therefore, you will no longer be able to add ADC/MED or AABD/MED cases. To accommodate this change, the following new program case options will display on the New Programs window:

Aid to Dependent Children (ADC)
 Aged, Blind, Disabled Payment (AABD/PMT)
 Medical Assistance Only (MED)

Presumptive Eligibility Hospital is also a new Program Case type with this release.

The screenshot shows the 'N-FOCUS - New Programs' window. The 'Master Case Person' section displays the following information:

Name	JOSEY PUSSYCAT
Person Number	0
Birthdate	04-30-1995
Sex	FEMALE

The 'Programs' section contains a list box titled 'Select the Programs the person is requesting'. The list includes the following options:

- ADULT PROTECTIVE SERVICES
- AGED, BLIND, DISABLED PAYMENT
- AID TO DEPENDENT CHILDREN
- CHILD CARE
- CHILDREN AND FAMILY SERVICES
- EMERGENCY ASSISTANCE
- SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
- FORMER WARD
- JUVENILE COURT
- LOW INCOME HOME ENERGY ASSISTANCE PROGRAM
- MEDICAL ASSISTANCE ONLY
- PRESUMPTIVE ELIGIBILITY MEDICAID
- PRESUMPTIVE ELIGIBILITY HOSPITAL
- SOCIAL SERVICES AGED/DISABLED

At the bottom of the window are three buttons: 'OK', 'Cancel', and 'Help'.

Note: The Medicaid application will remain on the current E-App until the new application is released later this year.

Presumptive Eligibility Hospital Program Case (New)

Hospitals will make eligibility determination and submit the application. This will be an Assigned Program Case. This program is for Dependent Children, Parent/Caregivers or other individuals who may qualify for Medicaid. These individuals will receive full Medicaid coverage until Medicaid eligibility is determined by MLTC.

The current Presumptive Eligibility Program for Pregnant Women is not changing. Pregnant women receive ambulatory pre-natal coverage only.

EA: Registering an ADC Case (Change)

The ADC Program is replacing the ADC/PMT and ADC/MED programs with this release. The new ADC Program will be used for the population which was formerly looked at under the ADC/MED Program and will also be used for third trimester unborns, all within the same program type. The ADC/PMT and ADC/MED Programs have been removed from the Add a Program list with this release.

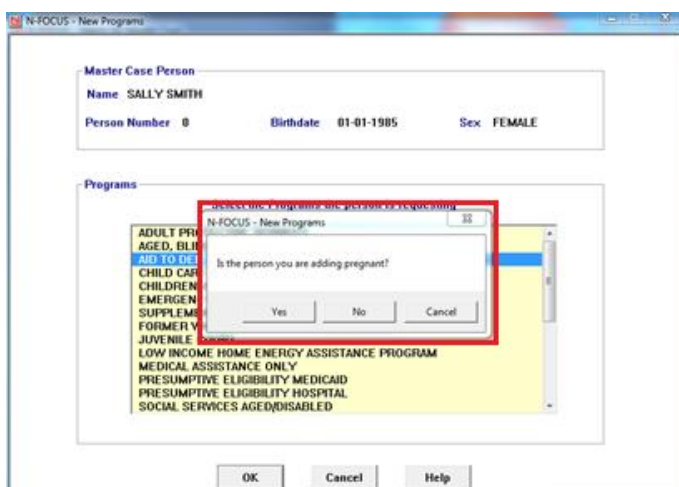
EA: Adding New Person - Pregnancy Question (New)

If you are adding a New Person (on the Person Clearance list) and the person is a female age 14 or older a question pop-up displays asking:

“Is the person you are adding pregnant?” Yes or No:

If No: The person is added as a pending participant in the ADC Case. The Pregnancy questions will not display.

If Yes: The Pregnancy questions will display:



Note: N-FOCUS will continue to take you through the registration process (Program Case Application Dates etc). The Pregnancy questions will display later.

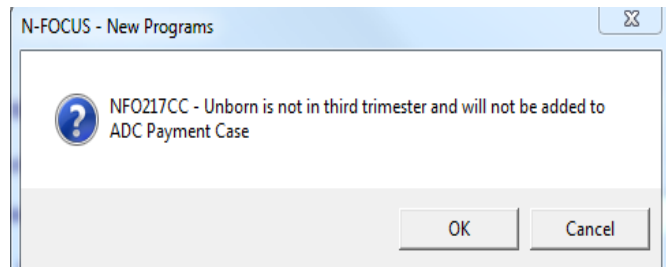
When the Pregnancy window displays, enter the Expected Delivery Date, Fetal Number, Verification Source and Date. Click OK.

The screenshot shows the 'N-FOCUS - Pregnancy' window. It contains fields for 'Expected Delivery Date' (empty), 'Fetal Number' (1), 'Verification Source' (Unverified), and 'Date' (03-01-2014). There are 'OK' and 'Cancel' buttons at the bottom.

If pregnancy due date is not within last trimester the following screen appears:

OK will return you to the new Programs window to continue with the case registration.

Cancel will return to the Pregnancy window so you change the date, if needed, or cancel out of the screen if the date entered is correct.

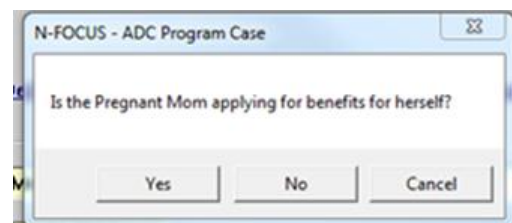


If pregnancy due date is within last trimester the following window displays:

"Is the Pregnant Mom also applying for benefits for herself? Options are Yes or No:

If Yes (Mom is applying for herself): Mom is pended as a **Participant**.

If No (Mom not applying for self): Mom is added as an Active **FR** (Financially Responsible) and the Unborn is the pending participant.



When you navigate back to the Program window, Mom is either pended as a Participant or Financially Responsible.

You can add another Program or click OK to continue with the case registration.

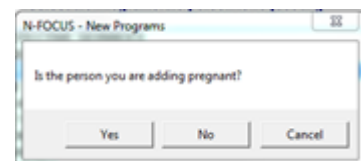
Note: No pregnancy question is asked if the first person registered in the Master Case is a male and the second person added is a female.

EA: Adding a Person with Existing Pregnancy – Pregnancy Question (New)

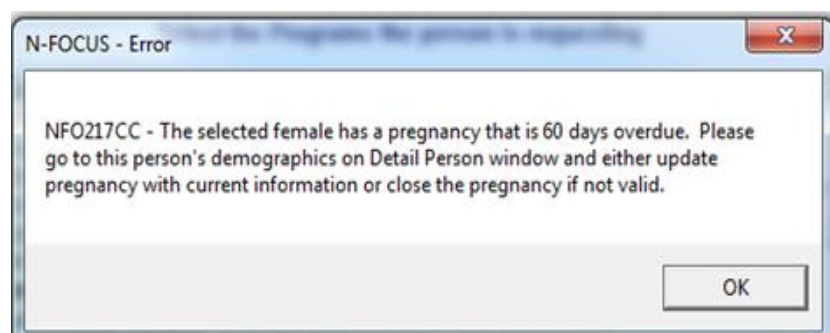
If you add a female from the Person Clearance list to the ADC Program Case, the pregnancy question will display.

If No: The person is added as a pending participant in the ADC case. The Pregnancy window does not display.

If Yes: The Pregnancy pop-up window displays the Pregnancy information as read only and the information can not be updated.



If the existing pregnancy has an Expected Due Date that is 60 days or more from the processing month the Pregnancy Question screen appears as Read Only and a pop-up displays with instructions to go to the Person Detail window and either update the pregnancy with current



birth information or end date the pregnancy.

The ADC is deselected on the New Programs window. Another program can be selected. Cancel (returns you to the Master Case Detail window).

After adding Mom and the Unborn, if any, continue Adding Persons until all persons have been added to the Master Case.

MLTC: Medicaid or 599 CHIP Program Case Registered (Change)

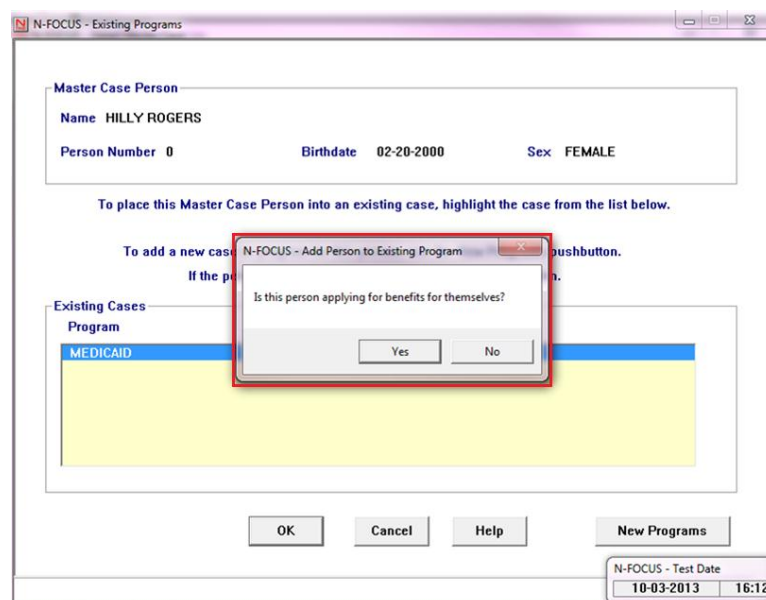
After registering a Master Case and pending the Medicaid or 599 CHIP Program case, the following will occur:

- Work Task generated
 - MAGI Program
 - Processing Ready Work Task
 - Non-MAGI Program
 - Interview Needed
- HUB Verification request is generated
 - SSN
 - Citizenship
 - Identity

MLTC: Medicaid Add Person to Existing Program (Change)

The following pop-up question will display in order to enable adding Financially Responsible persons in the Mainframe without the need to check out the case to Expert System.

Question Reads: “Is this person applying for benefits for themselves?” Yes/No



Tie Application (Change)

These Application Types will display in N-FOCUS when tying an application. Although Healthcare Nebraska and Healthcare Phone will be types displayed on the list, these application types will not be available for several months and should not be selected at this time.

- Economic Assistance – previously titled ACCESSNebraska. This is the Electronic Application the client fills out on the Nebraska ACCESSNebraska web site.
- Healthcare Marketplace – application transferred from CMS to Nebraska
- Healthcare Nebraska – not yet available
- Healthcare Phone – not yet available
- Paper Application – Healthcare forms have been added to the list
- SSA Low Income Subsidy – application from Social Security Administration for Medicaid

New Paper Application forms available for tying in N-FOCUS include the following:

- MLTC-53 Application for Medicaid and Insurance Affordability Programs
- MLTC-53-S Application for Medicaid and Insurance Affordability Programs (Spanish)

MLTC: Tie Paper Medicaid Application to Program Case (Change)

When you tie a Medicaid application to a Program Case, you will be asked to select the Program Assistance Code of MAGI, Non-MAGI or Combined. Select the appropriate option.

Program Case	Assis
EA	
MEDICAID	
LIHEAP	
AABD/MED	
ADC/MED	
SNAP	

Application Reason	Application Received Date	Program Assistance Code
Initial	08-01-2013	MAGI NON-MAGI COMBINED

Date	St	Stat	Beg	Dte
010	PE	08-01-2010		
013	PE	08-01-2013		
012	AC	10-01-2012		
010	DE	08-01-2010		
012	DE	09-01-2012		
010	DE	08-01-2010		

MLTC: Adding Federal Referral ID (New)

The Add Federal Referral ID window will display automatically in the tie application process when it is appropriate to enter Federal Referral IDs. When the window displays, the user should open the Healthcare Marketplace application they are tying to the case and copy and paste the Federal Referral ID into the N-FOCUS window for each person listed.

The window will display when appropriate in Case Registration, Tie Application, Add case, or person and only if tying a Healthcare Marketplace application to a Medicaid or 599 CHIP case.

Name	US Citizen?	American Indian/Alaska Native	Full Time Student	Physical/Mental Disability	Federal Referral ID	Referral Activity Reason Code
James Ryan Jr. 01-24-1962	Yes	No	No	No	FFM1234567891011121	Gap Filling

MLTC: Adding Federal Referral ID Mainframe (New)

To enter the Federal Referral ID number on the Add Federal Referral ID window, follow these steps:

1. Copy the Federal ID number from the Application for Medicaid and Healthcare Insurance Affordability form (see screen print show above).
 - a. Select the Federal ID number
 - b. Right click
 - c. Select the Copy option from the menu or Ctrl C
2. Place your cursor in the Federal Referral ID field on the Add Federal Referral IDs window.
3. Right click in the Federal Referral ID field and select the Paste option or, use your keyboard and press the keys Ctrl V to paste the number in the field.
4. Click the Add button
The information entered will display in the Confirmed Referral IDs section of the window.
5. Click OK.

Last Name	First Name	MI	Birth Date	Formatted SSN
RYAN	FANNIE	M	01-24-1964	XXXXXX-8661
RYAN	CLARENCE		01-25-2000	XXXXXX-4442
RYAN	EVA		05-20-2002	XXXXXX-9013

Federal Referral ID:

Add Clear

Confirmed Referral IDs

Last Name	First Name	Federal Referral ID
RYAN	JAMES	FFM1234567891011122
RYAN	ESTELLA	FFM1234567891011126

Remove

OK Cancel

MLTC: Adding Federal Referral ID Expert System (New)

To enter the Federal Referral ID number on the Expert System Add Referral IDs window, follow these steps:

1. Copy the Federal ID number from the Application for Medicaid and Healthcare Insurance Affordability form (see screen print on the previous page).
 - a. Select the Federal ID number
 - b. Right click
 - c. Select the Copy option from the menu or Ctrl C
2. Place your cursor in the Add Referral ID field on the Add Referral IDs window.
3. Use your keyboard and press the keys Ctrl V to paste the number in the field.

Last Name	First Name	M	SSN	Birth Date	Person No
BROWN	BARTON		XXXXXX-6889	06-18-2009	7315523

Federal Referral ID:

Add Clear

Confirmed Referral IDs

Last Name	First Name	Person No	Federal Referral ID
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Remove

OK Cancel

- a. The functionality to right click and select paste from a menu is not available in the Expert System
4. Click the Add button
The information entered will display in the Confirmed Referral IDs section of the window
5. Click OK.

MLTC: Tie E-App Application (Change)

Tying an E-App now sets the new Program Assistance Codes for Medicaid:

- MAGI
- Non-MAGI
- Combined

The Program Assistance Code is necessary in order for the system to determine the correct mode.

Accept the system determined Program Assistance Code or click the Change radio button and select a different option from the drop down.

Program Assistance Code Definitions:

- MAGI – Modified Adjusted Gross Income Calculation
 - Use is mandated by the ACA for:
 - Parents
 - Children
 - Needy Caretaker Relatives
 - Former Wards
 - MAGI income standards used in budgeting. Refer to the Expert System section or additional information
 - Income based on previous year's tax return
 - No Asset Tests
 - Deductions such as child care and medical will no longer be allowed for MAGI eligibility groups
- Non-MAGI
 - The following groups are not subject to MAGI:
 - AABD Medicaid Related Categories (MIWD, QMB, SIMP etc.)
 - Former Foster Care
 - All Medically Needed Share of Cost Groups (AABD/MN, ADC/MN, RIB)
 - Transitional Medical Assistance (TMA)
 - An Interview is required
 - Resources are declared, identified, verified and counted (except Former Foster Care) Resource standards have not changed
 - Income and budgeting procedures have not changed
- Combined
 - Programs being tied can have a combination of MAGI and Non-MAGI determinations

Mode Confirmation (Change)

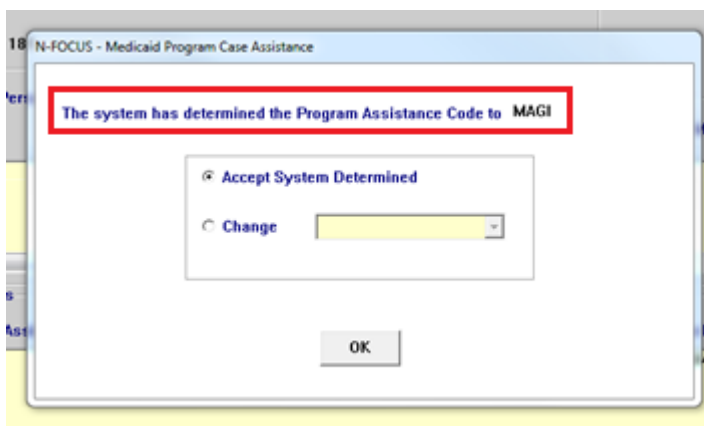
The Program Assistance Code is necessary in order for N-FOCUS to determine the correct Mode.

Once the Program Assistance Code is set the system will determine the Mode as follows:

MLTC Program Cases:

If all MLTC – UC Programs have a “MAGI” Program Case Assistance Code it is placed in Processing Mode (no interview is needed for MAGI cases). A MLTC Work Task “Application Received – Interview Not Required” is created.

If all MLTC – UC Programs have a “Non-MAGI” Program Case Assistance Code it is placed in Interviewing Mode (an interview is needed for Non-MAGI cases).



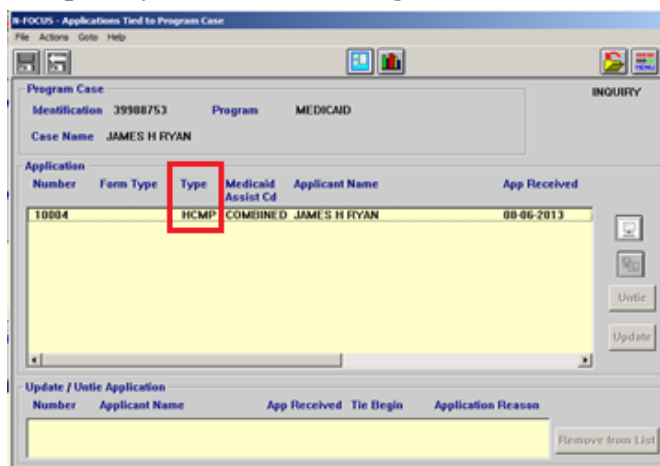
If any program case has a “Combined” Program Case Assistance Code, or if more than one different MLTC Program Case Assistance Code is found in the Master Case, then the mode is set to Interviewing. .

Application Tied to Program Case Window (Change)

The order of activities followed when Adding a Program Case or Reopening a Program Case have been changed in both the Mainframe and Expert System. The Tie Program Case will now always precede the Mode Confirmation window.

The Applications Tied to Program Case window will display the type of application tied.

Note: E-Apps received from ACCESSNebraska will now have the type code of Economic Assistance.



Interview Tracking (Change)

Because of the separation of the Economic Assistance Programs from the Medicaid Programs, if the application contains programs from both divisions (EA and MLTC) and interviews are needed for both, two interview rows will be created in Interview Tracking and two interview letters will be sent. Each interview is marked with either an EA or MLTC division code.

MLTC: Non-MAGI and Combined Cases Placed in Interview Mode (New)

N-FOCUS creates an MLTC Interview Tracking row when an MLTC case is set to Interview Mode. The system creates and sends an MLTC Interview Appointment letter with no specific interview date and time. The due date is the first business day after 10 days.

- If the Interview is held by the due date and the Interview Held Date is entered, by the worker, the Mode changes to Processing.
- If the Interview is not held by the due date N-FOCUS will create a NOMI (Notice of Missed Interview) and an MLTC Work Task “Missed Interview – Attempt Phone Call”.
 - The Case remains in Interviewing Mode but the Work Task is sent to a Processor to attempt to call the client.

MLTC Cases in Assigned Mode (New)

For cases that are assigned, the Assigned Worker will manually create the Interview Appointment letter entering the date and time of the Interview. This action will automatically create the Interview Tracking row.

N-FOCUS will determine if an interview appointment letter and tracking row was created the same day as the assignment begins. If this has occurred, the tracking row and correspondence that the system created will be deleted.

Note: This could happen even if the interview has been held. This will be fixed with the November release. In the meantime, if the Interview is held the same day the Interview Tracking Row and Assignment begin, you will need to recreate the Interview Tracking. This is only a concern when the Interview is held the same day the Tracking Row and Assignment were created.

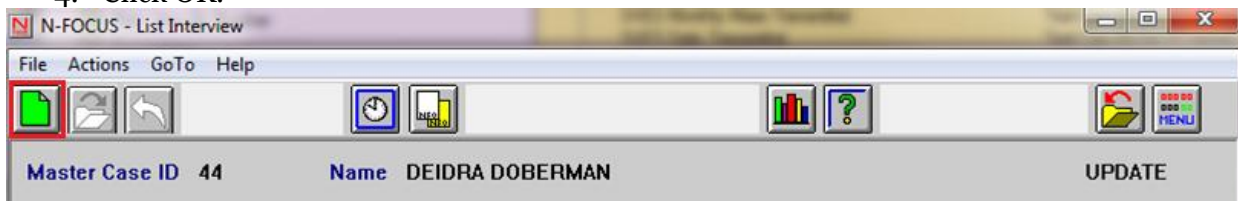
Assigned Worker Responsibilities

- The Assigned Worker will manually create an interview appointment letter with a date and time.
 - This action will automatically create the Interview Tracking row
Note: If the case is changed from assigned mode to UC prior to the interview being held, nothing happens to the tracking row or the appointment letter
- If the interview is not held by due date N-FOCUS will create a NOMI

Creating an Interview Appointment Letter (Tip)

To create an Interview Appointment letter for an interview appointment, follow these steps:

1. Navigate to the List Interview window.
2. Click the New icon.
If appropriate, a pop up with the assigned worker will display.
3. Select the appropriate worker.
4. Click OK.



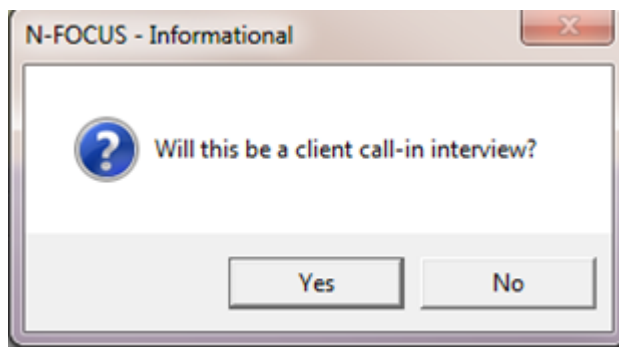
An Informational window will display.

Note: Click Yes to indicate this is a client call in interview at the Customer Service Center

OR

Click No to create a letter specifying the date and time the worker will call the client

OR

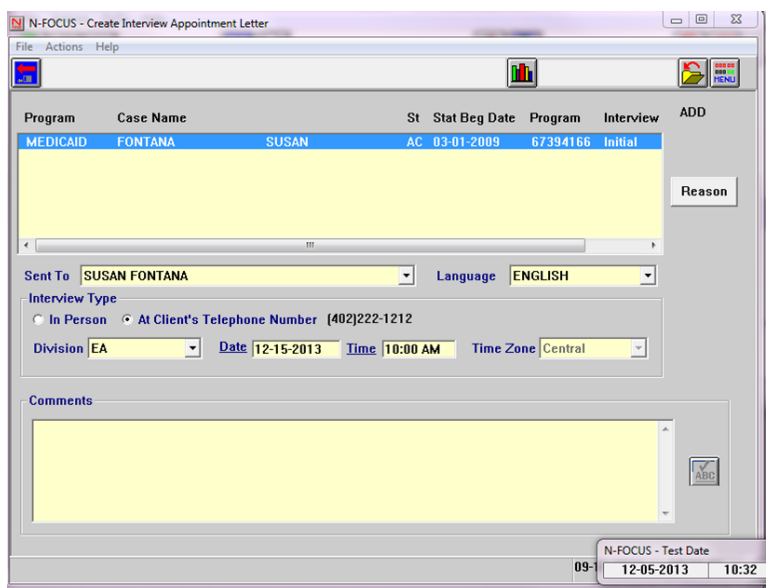


Click NO to create an Interview letter for an in person interview

5. For this example, click No.

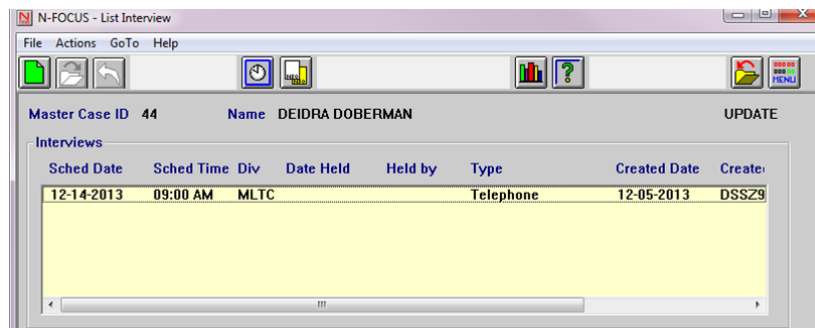
The Create Interview Appointment Letter window will display.

6. Complete the window as appropriate.
 - Selecting the In Person radio button will give the opportunity for the worker to enter the location of the In Person Interview.
 - Selecting the At Client's Telephone Number radio button will create a letter indicating the worker will call the client at the designated date and time.



7. Save and Close

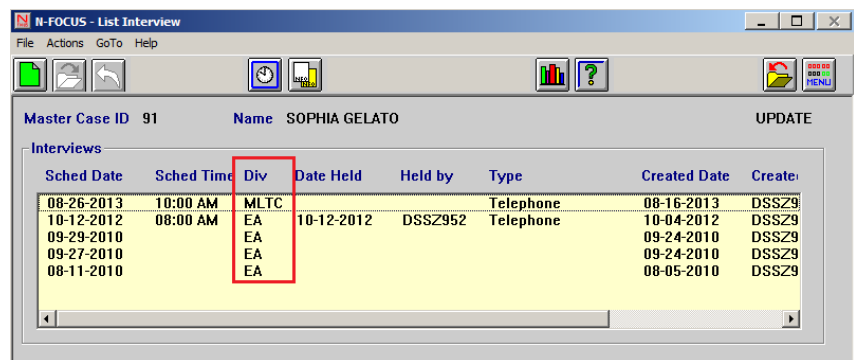
The List Interview window will display with the scheduled interview listed.



List Interview Window (Change)

The Division that each interview is associated to will display in the Div column.

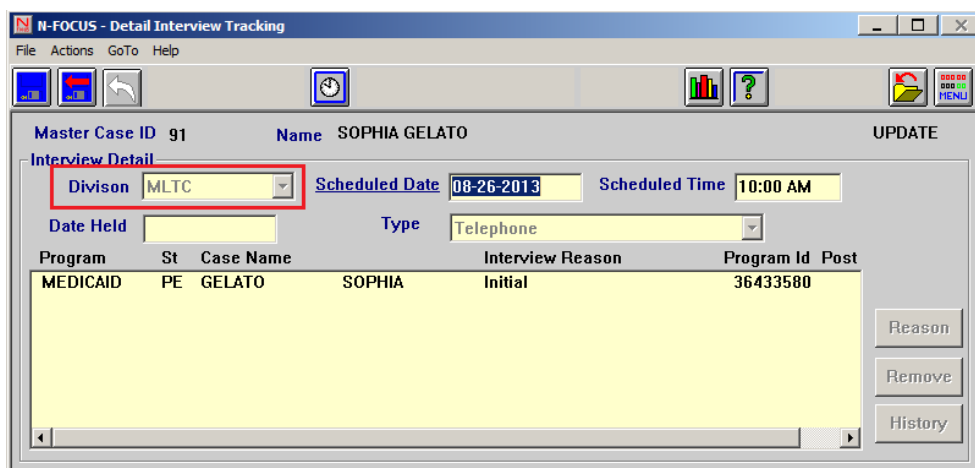
- MLTC – Medicaid Long Term Care
- EA – Economic Assistance



Detail Interview Tracking Window (Change)

The Division field indicates which division the Interview is associated with.

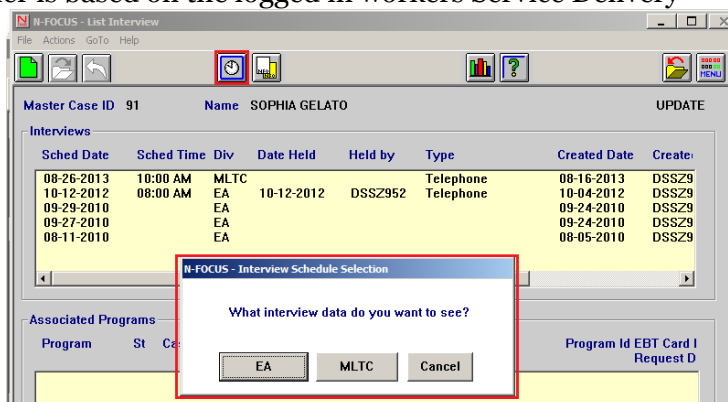
- MLTC – Medicaid Long Term Care
- EA – Economic Assistance



Interview Scheduler (Change)

Access to view the Interview Scheduler is based on the logged in workers Service Delivery group.

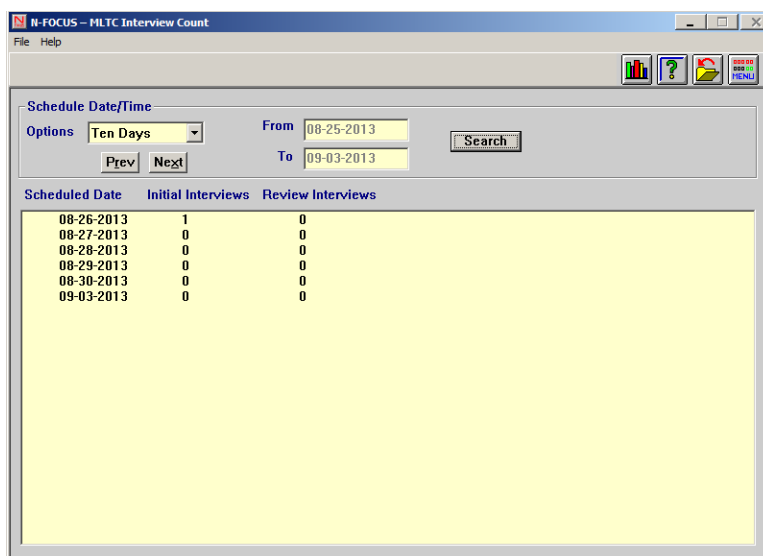
- If the position has a Service Delivery Group of Adult or Family
 - Only the EA Interview Scheduler will open
- If the position has a Service Delivery Group of MAGI, Non-MAGI or Combined
 - The MLTC Interview Scheduler will open
- If the position has a Service Delivery Group combination from both groups
 - The Interview Schedule Selection window will display
 - Select which Interview Scheduler to open



MLTC Interview Count Window (New)

The MLTC Interview Count window provides a count of the MLTC interviews that have been scheduled for each workday. This window can be accessed from either the Main Menu or from Interview Tracking by selecting the Schedule icon.

The window will open showing the current date and the next nine business days. The search options available are Current Date, Ten Days, Two Weeks or Date Search. The From and To fields will reflect the search criteria selected in the Options field.



The Initial Interviews column indicates the number of Initial Interviews that are scheduled for the corresponding date. The Review Interviews column indicates the number of Review Interviews that are scheduled.

MAGI (New)

MAGI (Modified Adjusted Gross Income) is a methodology for how income is counted and how household composition and family size is determined. MAGI is not a number on a tax return. MAGI is based on federal rules for determining adjusted gross income (with some modification).

A MAGI household is one where the budgeting method used to determine income eligibility is based on the sum of the taxpayer's household's countable Modified Adjusted Gross Income

(including income of dependents if they are required to file a tax return). Verification of Income is only requested from the client if it is not within 10% compatibility of the amount reported to the IRS or on SEW. There is no resource test for MAGI households. Household composition is based on tax filer household and number in the Medicaid Program Case.

Non-MAGI households include AABD clients (including Women's Cancer and MIWD), Former Foster Care, Child Welfare Medicaid and anyone who is over income and not eligible for any program under MAGI but have an outstanding medical need and may be eligible with a Share of Cost.

MLTC: Tax Household (New)

The Tax Household is used to determine eligibility for Medicaid benefits. The formation of the Tax Household will be used to request Tax Interface information from the IRS. It will also be used in budgeting Medicaid MAGI household composition. (See the HUB Verification Section for additional information).

The client is asked how they expect to file their taxes for the coming tax year and the worker will create the Tax Household based on the responses given on the Medicaid application. Information will not be submitted to the IRS unless the appropriate authorization is provided by the Tax Filer.

MLTC: Adding and Viewing Tax Household Information (New)

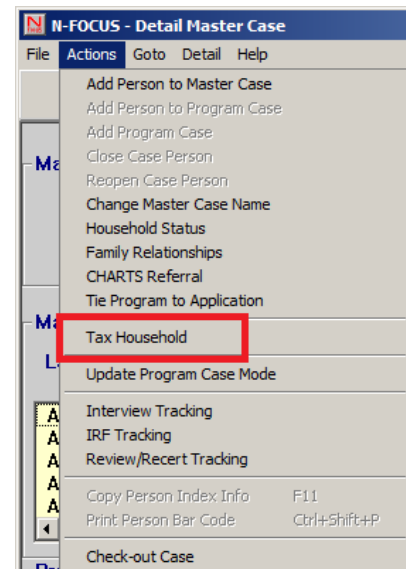
To create a Tax Household information, follow these steps:

1. From the Detail Master Case window, select Actions>Tax Household.

The Detail Tax Household window will display.

The Detail Tax Household window will open in Add mode to create a new Tax Household. If a Tax Household exists the List Tax Household window will display.

Note: Tax Households are based on the specific Tax Year.



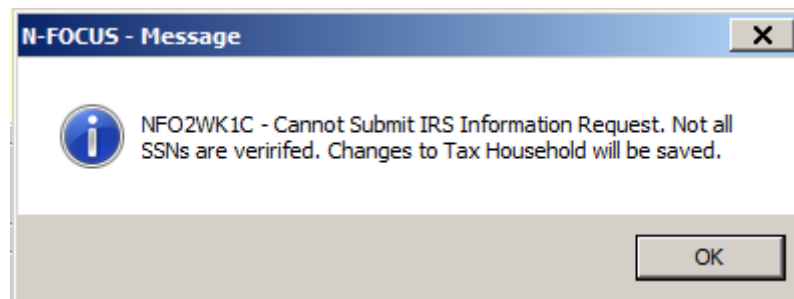
Note: More than one Tax Household may be created in a Master Case in a Tax Year but a person may only be in one Tax Household in a Tax Year. Every person, except an unborn, in a MAGI household must be configured into a Tax Household.

To add a new Tax household, enter information in all of the appropriate fields.

- **Tax Year** – the specific year for which the Tax Household has been created. This is a mandatory field.
- **Medicaid Persons List Box** - displays all of the people within the Master Case who are active or pending in Medicaid cases in the Master Case. Persons listed in this group box are not included in any other Tax Household for the specified year.
 - Once a person is selected from this list box, the Person Detail icon and the Tax Filing Status options will become enabled.
- **Tax Filing Status** – this section contains Tax Filing Status options. Select the person's filing status based on responses on the application form.
 - Add – Click the Add button to add the highlighted person to the Tax Household List Box
 - Clear – Click the Clear button to clear the selection made.
- **Tax Household** – displays all of the persons listed in the Tax Household for the specified year.
- **Number of people in the Tax Household other than those selected** - enter the number of people who are in the Tax Household that are not active or pending in a Medicaid case for the Master Case, as indicated on the application form.
 - **Example:** Every other year a father claims his child as a tax dependent even though the child lives in a different household with his mother. For the tax year that the father claims the child, enter the child as an Other Tax Household Member by entering 1 in this field.
 - **Note:** Information must be entered in this field in order for N-FOCUS to allow these dependents when budgeting. This field will be used to determine the size of the Tax Household.
- **Submit to INTERFACE** – once the Tax Household information appears to be correct, click this button to save the Tax Household and submit a request for Tax Interface information from the HUB.
 - If the client DID NOT indicate on the Application that we may request verification from the IRS DO NOT SUBMIT TO INTERFACE. Click Save, Save and Close or Save and Next. This will move the Tax Household to the List Window.

- If the client DID indicate on the Application that we may request verification from the IRS, click the Submit to INTERFACE button
 - This will submit the Tax Household for the interface and move the Tax Household to the Tax Household List Window.

Note: If all of the SSNs of Tax Household persons are not verified, the request will not be made to the IRS, however, the Tax Household will be saved. A call for the Tax Household income cannot be made without verified SSNs for all household members. Click OK to proceed and save the Tax Household.



Refer to the HUB Verification section of this document for further information.

MLTC: List Tax Households Window (New)

When one or more Tax Households have been created for a Master Case, the List Tax Household window will display. Select the Tax Household from the Tax Households Group Box to view the persons listed in each Tax Household. The person included in the selected Tax Household will display in the Tax Households Persons Group Box located at the bottom of the window.

MLTC: Update Tax Filing Status (New)

Once a Tax Household has been saved for a specific year, changes can be made, by updating the current Tax Household for that or deleting and creating a new Tax Household.

To update the Tax Filing Status of one of the persons in the Tax Household, follow these steps:

1. From the Detail Tax Household window, select the person from the Tax Household Group Box
2. Select Menu Actions>Update Tax Filing Status or click the Update button

Name	Last Name	First Name	M	Ext	SSN	Tax Filing Status	SSN Ve
GELATO	CARMEN	V			XXX-XX-3863	Married - Filing a Joint Return	
URRA	CARL	JR			XXX-XX-3863	Married - Filing a Joint Return	
URRA	SAMSON	C			XXX-XX-7863	Tax Dependent of Parent	
DUDLEY	SAMUEL				XXX-XX-7863	Tax Dependent of Parent	
GELATO	SANTO	EL			XXX-XX-5932	Tax Dependent of Parent	

The Update Tax Filing Status window displays.

3. Select the new Tax Filing Status
4. Click OK

Name: CARL URRA JR

Tax Filing Status

☐ Single Tax Payer (Not a Dependent)

☒ Married - Filing a Joint return

☐ Married Not Filing Jointly

☐ Tax Dependent of Parent

☐ Tax Dependent of Other

☐ No Tax Filing Status

OK Cancel

MLTC: Remove Person from Tax Household (New)

To remove a persons from the Tax Household, follow these steps:

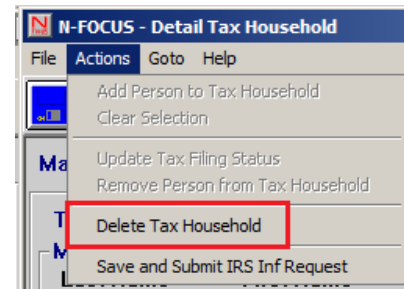
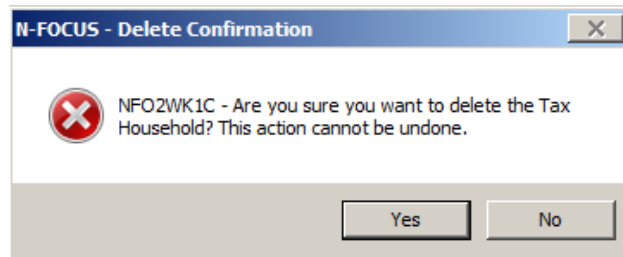
1. From the Detail Tax Household window, select the person from the Tax Household Group Box
2. Select Menu Actions>Remove Person from Tax Household or click the Remove button

The person will immediately be removed from the Tax Household Group Box. The person will be returned to the Medicaid Person Group Box window.

MLTC: Delete Tax Household (New)

To delete a Tax Household, follow these steps:

1. From the Detail Tax Household window, select Menu Actions>Delete Tax Household
 2. Click Yes to the Delete Confirmation window.
- Note:** This action cannot be undone.



MLTC: HUB Verification (New)

The HUB provides timely information that assists with real time eligibility determination. Information should normally be received by N-FOCUS within 15 minutes of pending a person in a Medicaid case or submitting a Tax Household Request (see Detail Tax Household section for more information).

Through the HUB states can request verification for Medicaid eligibility determination from the following Federal resources:

- Social Security Administration (SSA)
- Internal Revenue Service (IRS)
 - IRS cannot be accessed without appropriate authorization from the Tax Filer
- Department of Homeland Security (DHS)
- Veterans Administration (VA)
- Other Federal agencies

Currently Nebraska only matches with the SSA and IRS through the HUB. Other matches will be developed at a later date.

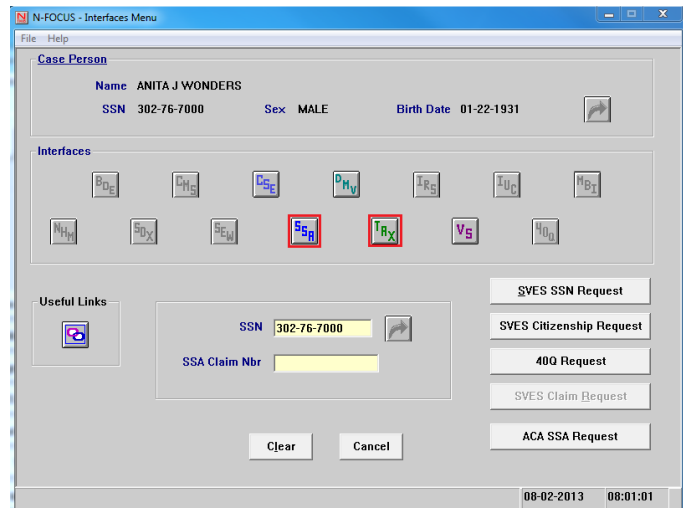
The HUB interfaces and verifications are only used for Medicaid Program Persons and is not used by any of the Economic Assistance programs.

Interface Menu (Change)

There are two new interfaces now available:

- SSA
- TAX

The Interfaces provide information from the Federal Data Services HUB.



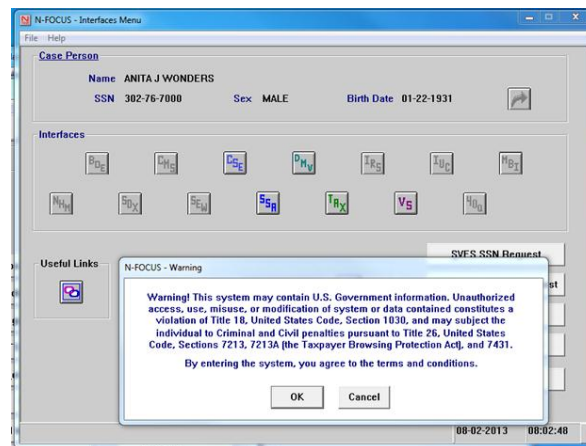
MLTC: TAX Interface (New)

When a request is sent to the HUB from the Tax Household window the system checks the information against the household's most recent tax return. If it matches the Hub returns the Tax Household Filing Status to N-FOCUS.



The TAX icon is only enabled for MLTC staff.

When you select the TAX icon, from the Interface Menu, a warning message will display.



MLTC: Tax Household Information Request/Response Window (New)

Select a row in the Requested By and Date field to enable information for the Tax Household.

- **Request Information Group Box** – displays the persons sent in the Tax Household Request and the Tax Filer Category.

- IRS allows only Primary, Spouse and Dependent to be sent. N-FOCUS derives these categories from those entered on the Tax Household window.

Request Information					
Last Name	First Name	M	SSN	Tax Filer Category	Person Number
FOXWORTH	LITA	G	XXX-XX-9703	PRIMARY	84468647
MOUNTAIN	BRIANN	J	XXX-XX-3408	SPOUSE	73709870
JACKSON	FAYE	O	XXX-XX-8603	DEPENDENT	73011855
DWYER	LILY	O	XXX-XX-8103	DEPENDENT	639339
YOST	BETHANNE	J	XXX-XX-7000	DEPENDENT	32247971

Response Information					
Return Year	MAGI Amount	Taxable SSA Amount	Adj Tax Return AGI Amount	Total No. of Exemptions	Filing Status
2013	10898.25	100.00		7	Married taxpayer filing joint return
2013	10898.25			7	Married taxpayer filing joint return
2013				0	No dependent filing requirement
2013				0	No dependent filing requirement
2013				0	No dependent filing requirement

- **Response Information Group Box** – displays the data received from the IRS
 - **Return Year** – this is the tax year from which the data is taken.
 - **MAGI Amount** – this is the Modified Adjusted Gross Income declared on the Tax Return for the person. The total of the MAGI amounts for the Tax Household. This is the amount used for the “compare” in Medicaid budgeting
 - It does not include Title II Social Security benefit amounts
 - **Taxable SSA Amount** – this is the amount of SSA benefits that are taxable.
 - **Adjusted Tax Return AGI Amount** – this amount is the Adjusted Gross Income declared on an Adjusted Tax Return.
 - MAGI amount does not include the income from an Adjusted Tax Return
 - **Total Number of Exemptions** – this indicates the total exemption on the tax return
 - **Filing Status** – scroll to the right to see the Filing Status assigned by the IRS for the people with taxable income

MLTC - IRS Response – Error Information Window (New)

This window is accessed by clicking the Error Information button located on the IRS Request/Response window in the Response Information group box.

The error messages should help in understanding why the match was not received from the IRS.

Error Information

Error Code	Error Reason
HX005001	UNEXPECTED EXCEPTION OCCURRED AT TRUSTED DATA SOURCE

Last Name	First Name	Error Reason
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SSA Interface (New)

The new SSA interface data may be accessed by selecting the SSA icon on the Interface Menu window. This icon is only enabled if data is available.

SSA List Window (New)

The SSA List window displays the following information:

- Person's Name
- SSN
- Sex
- Birth Date
- Create Date
- Response Date
- SSN Verified (Y or N)
- Citizenship (Y or N)
- Response Description
 - This indicates if the interface was a success or if an error occurred.

To view the SSA Amounts, Demographics or Incarceration information, highlight a row and click the appropriate button.

Create Date	Response Date	SSN Verified	Citizenship	Prisoner ID	Response Description
10-03-2013	10-03-2013	Y	N	NOT AVBL	SUCCESS
10-02-2013	05-04-2009				UNEXPECTED EXCEPTK

Note: These buttons only enable if information is available.

MLTC: ACA SSA Request (New)

SSA HUB requests are made by the system upon pending a person in a Medicaid Program Case, changing the Date of Birth or Sex of a person.

To submit an SSA Manual Request, follow these steps:

1. Navigate to the Interface Menu.
2. Click the ACA SSA Request button. The SSA Benefit Month Requested window will display.
3. Scroll through the Month and Year field to select the month and year for which the SSA benefit information is requested
4. Click OK to send the request

Note: Clicking the Cancel button will close the dialog box without sending the request.

Person Verification Data Window (Change)

This information is accessed from the Detail Person Detail window by clicking the Person Verification button.

The Person Verification Data window now displays Hub Verification Source and Date for SSN, Citizenship and Identity. These verifications cannot be updated by the worker, only the interface.

The other SSN verification source is SVES - which also may only be updated by the SVES interface.

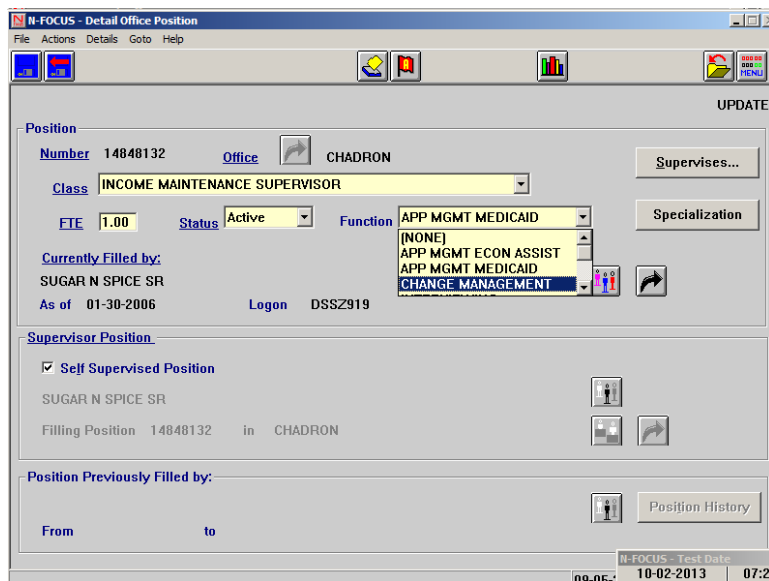
Also added to the window are Citizenship and Identity verifications. These along with Birthdate and Date of Death may be updated by the worker in Expert or on this window.

Detail Office Position (Change)

Application managers assigned to process applications for Medicaid programs, will need to set their function to APP MGMT MEDICAID on the Detail Office Position window. The Next Application function will then serve the application manager only electronic Healthcare Applications and SSA LIS applications.

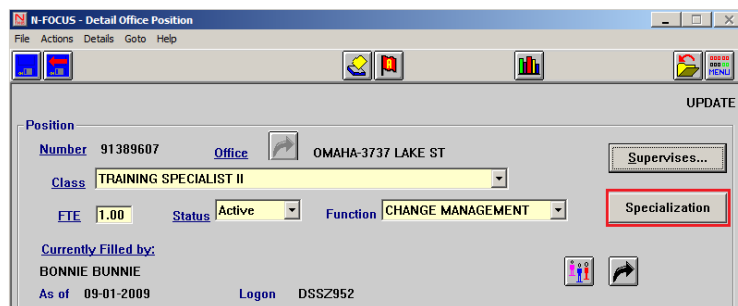
Those who are assigned to process applications for Economic Assistance programs will need to set their function to APP MGMT ECON ASSIST. While this function is set, the Next Application function will then serve the application manager only Economic Assistance electronic applications.

An application manager can change the types of applications they will be served by switching between the application manager functions, as instructed by their supervisor.



Service Delivery Groups (Change)

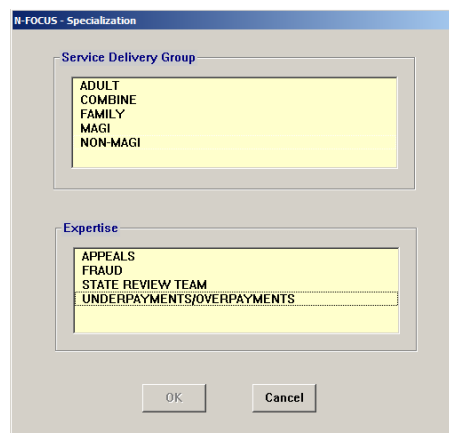
Changes have been made to the Service Deliver Groups to accommodate ACA changes. To access this information, navigate to the Detail Office Position window and select the Specialization window. The Specialization window will display.



New Service Delivery Groups:

- Combined –
- MAGI –
- Non-MAGI –

Note: It is recommended that a position has a service delivery group from either Economic Assistance or Medicaid but not both at the same time. If a position has service delivery groups from both, they will receive EA tasks before MLTC tasks.



Interim SSN Request (Change)

The number to request an interim SSN is now 402-471-9604.

Health Care Marketplace Help Center (Tip)

Individuals with questions on Insurance Affordability Programs such as Advanced Premium Tax Credits (APTC) and Qualified Health Plans (QHP) may receive assistance through the Federal Marketplace Health Center:

Health Care Marketplace Help Center
Call 1-800-318-2596 (TTY: 1-855-889-4325)

An online chat feature is available at healthcare.gov

Production Support Hours of Support (Tip)

N-FOCUS Production Support takes calls from 7:00 AM until 5:25 PM CST. On Wednesday we are not available until 10:00 AM CST.

If we are experiencing large call volumes or you call after hours, you will be sent to voice mail. Please leave your First and Last Name, Master Case Number, Requester Number and a brief description of your issue. Voice mail is constantly reviewed and we will return your call as soon as possible.

Alerts

Economic Assistance and Medicaid Alerts (Change)

Alerts have been separated into EA and MLTC alerts effective with this release.

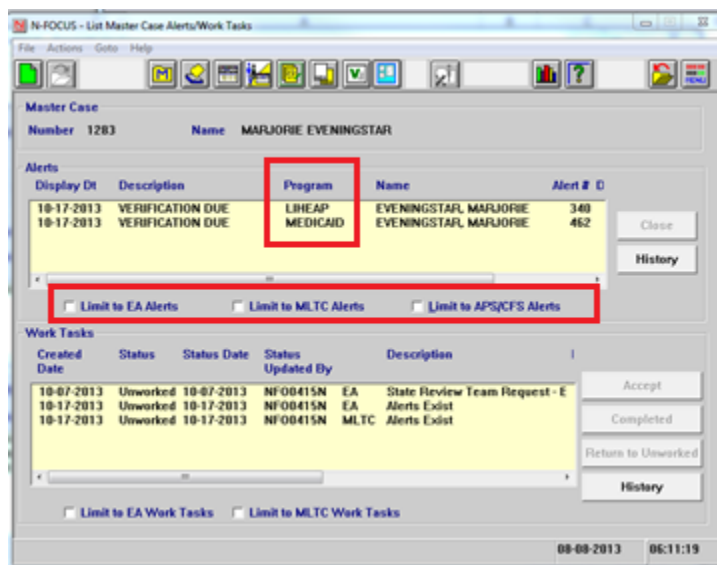
Approximately 66 Alerts require notification to both EA and MLTC workers. Two distinct Alerts will be generated when notification is required for both EA and MLTC. Having an alert for each Division will help to prevent one Division from closing an Alert before the other Division has seen it. Unique alerts will make managing the work flow and reports easier for each Division.

N-FOCUS will also determine if there are assigned positions that should get the alert. If not, the alert will be posted to the Master Case only.

List Master Case Alerts/Work Tasks Window (Change)

The List Master Case Alerts/Work Tasks window has been modified to make it easier to distinguish between an Economic Assistance (EA) and a Medicaid Long Term Care (MLTC) Alert.

- The Program column has been moved so it is seen without needing to scroll to the right
 - This is important because there are EA and MLTC alerts that have the same short description
 - The Type and Due Date fields are only visible by scrolling
- Additional filters have been added to narrow the number of alerts that are listed
 - Limit to EA Alerts
 - Limit to MLTC Alerts
 - Limit to APS/CFS Alerts



Note: Workers in each Division can close any alert. Therefore, it is very important to be careful when closing an alert to ensure you are closing the correct one.

MED – #495 - TMA Grant Begins (New)

This Medicaid alert will be generated when an ADC case fails to TMA-G.

Alert Text:

ADC grant payment ends and ADC Transitional Grant begins. Determine eligibility for Transitional Medical Assistance.

MED – #496 - Review TMA Category (New)

This Medicaid alert will be generated when a TMA-Grant case is closed and the ADC case is opened.

Alert Text:

At least one person in the TMA case is now on ADC. Review eligibility for transitional medical assistance.

MED – -494 - Medicaid Supplemental Application (New)

This Medicaid alert will be generated when a document is scanned and categorized as a Medicaid Supplemental Application. The alert will only be created if the Medicaid program is in Assigned Mode.

Alert Text:

A Medicaid Supplemental application was received.

Work Tasks

Economic Assistance and Medicaid Work Tasks (Change)

Work Tasks have been separated into EA and MLTC work tasks effective with this release. Each division will have separate Work Tasks that can be closed when the work has been completed without regard to the other division's work task. This will make it easier to manage the work load for each division and also allow each division to set their own priorities or to individualize a work task.

- The current functions of Interviewing, Processing and Change Manager will be used by both divisions.
- New service delivery groups (MAGI, Non-MAGI and Combined) have been added for MLTC positions.

Work Task Manager (Change)

The Work Task Manager will now indicate if you currently have assigned work tasks.

n-FOCUS - Work Task Manager

Work Task Access

Position 91389607 In OMAHA-3737 LAKE ST

Currently Filled by BONNIE BUNNIE

Current Work Function CHANGE MANAGEMENT

Language

Service Delivery Group(s) ADULT
FAMILY
MAGI
NON-MAGI
COMBINE

Access Work Task

You have assigned work tasks

View Assigned Work Tasks

Cancel Help

List Master Case Alerts/Work Tasks Window (Change)

Work Tasks will be created for EA, MLTC or both.

- A Work Task going to the EA Division will have a different number than the same Work Task going to the MLTC Division
- A Work Task will display as EA or MLTC
 - EA uses the existing service delivery groups of Family or Adult
 - MLTC uses MAGI, non-MAGI, and Combined service delivery groups
- Additional filters have been added to narrow the number of alerts that are listed
 - Limit to EA Work Tasks
 - Limit to MLTC Work Tasks

N-FOCUS - List Master Case Alerts/Work Tasks

File Actions Goto Help

Master Case
Number 1283 Name MARJORIE EVENINGSTAR

Alerts

Display Dt	Description	Program	Name	Alert #	ID
10-17-2013	VERIFICATION DUE	LIHEAP	EVENINGSTAR, MARJORIE	340	
10-17-2013	VERIFICATION DUE	MEDICAID	EVENINGSTAR, MARJORIE	462	

Close History

☐ Limit to EA Alerts ☐ Limit to MLTC Alerts ☐ Limit to APS/CFS Alerts

Work Tasks

Created Date	Status	Status Date	Status Updated By	Description
10-07-2013	Unworked	10-07-2013	NFO0415N	EA State Review Team Request - E
10-17-2013	Unworked	10-17-2013	NFO0415N	EA Alerts Exist
10-17-2013	Unworked	10-17-2013	NFO0415N	MLTC Alerts Exist

Accept Completed Return to Unworked History

☐ Limit to EA Work Tasks ☐ Limit to MLTC Work Tasks

08-08-2013 06:11:19

Work Task - #46 - Medicaid Supplemental Application (New)

This work task will be created when a document is scanned and categorized as Medicaid Supplemental Application. The work task will only be created if the Medicaid program case is in a Universal caseload mode.

Correspondence

Some Correspondences have been separated out into EA and Medicaid notices effective with this release. EA and Med notices will be separate notices and cannot be grouped together (ie Notice Template and ES notices).

Header Information (Change)

Headers will contain the Case Number, Case Name, Contact will be the Division (EA or Med), Fax Number, Notice Date, and Mail Date for any case considered Universal.

No changes have been made to Assigned Cases - Heading will continue to have the Case Number, Case Name, Worker Name, Fax Number, Notice Date, and Mail Date.

Footer Information (Change)

Both Medicaid and EA divisions will each have their own separate Footer which will include the designated telephone numbers for that division. There will also be a combined footer which will include telephone numbers for both divisions.

Economic Assistance Footer (Change)

Economic Assistance Toll Free: 800-383-4278 Lincoln: 402-323-3900 Omaha: 402-595-1258	Go online: ACCESSNebraska.ne.gov
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Medicaid Footer (Change)

Nebraska Medicaid Eligibility Toll Free: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Go online: ACCESSNebraska.ne.gov	Federal Health Insurance Marketplace Go Online: Healthcare.gov Customer Service Center: 800-318-2596
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Combined Footer (Change)

Economic Assistance Toll Free: 800-383-4278 Lincoln: 402-323-3900 Omaha: 402-595-1258	Go online: ACCESSNebraska.ne.gov	Nebraska Medicaid Eligibility Toll Free: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
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Return Address (Change)

The zip code of the recipient determines the Return Address which will always be one of the two Mail HUB (ANDI) Centers, Economic Assistance in Omaha or Medicaid Center in Lincoln for UC cases.

Medicaid Notice (Change)

The following New Wording will be added to Medicaid Notices for all actions:

“If you applied through the Federal Marketplace your application was sent to Nebraska DHHS for a Medicaid eligibility determination. The Medicaid eligibility determination for the individuals noted has been communicated to the Federal Marketplace. If further information is needed, you will be contacted.”

Expert System Notices in Spanish (Change)

Expert System Notices will be available in Spanish with this release. If the Case Name or Case Representative has a primary language indicator of Spanish, the notice will be created in Spanish.

Document Imaging

Medicaid Specific Categories (New)

The following Medicaid specific categories have been added to Document Imaging:

- Appeal – MED
- Application – MED
- Supplemental Application

Expert System

The information in this section will cover navigation changes made to the expert system by tree list area.

Non-Financial (Change)

MLTC: Sanction (Change)

Medicaid participants will not be closed due to a Voluntary Quit Employment reason.

Financial (Change)

MLTC: Self-Employment (Change)

Continue to use Self Employment Tax Return for all programs including MAGI determinations.

DO NOT use the Self-Employment Ledger for MAGI households. The deductions for MAGI are different from deductions for Medicaid Non-MAGI and other EA programs.

To enter Self Employment Ledger income for MAGI Households, enter the Self - Employment Income in the Other Income task as either:

- MED Self-Employment Loss – or
- MED Self-Employment Gain

Owner		
GELATO	SOPHIA	04-30-1960
GELATO	CHILLY	08-04-1997
GELATO	CHERRY	08-04-2001

Type

- MED Earned
- MED Earned
- MED Self-Emp Gain**
- MED Self-Emp Loss
- MED Unearned

MLTC: Expenses (Change)

There are three additional expense types you can choose for MAGI Expenses:

- Alimony
- Other MAGI Deductions
- Student Loan Interest

Note: As with other expensed, these deductions must be verified in order for them to be considered in a MAGI budget.

Owner		
GELATO	SOPHIA	04-30-1960
GELATO	CHILLY	08-04-1997
GELATO	CHERRY	08-04-2001

Category

- AABD SPECIAL REQUIREMENTS
- DEPENDENT CARE AND SUPPORT
- FW/LIVING COSTS
- HOUSING
- MAGI EXPENSES**
- MEDICAL
- UTILITIES

Type

- Alimony Paid**
- Other MAGI Deductions
- Student Loan Interest

Description:

Amount: Miles: Days:

Frequency: Begin Date: End Date:

Verified by:

Help

Next OK Cancel Help

MLTC: Unearned Income (Change)

There is no change in unearned Income types.

Continue to add the types of income listed below, however, they will **not be counted** in MAGI budgeting:

- Black Lung Payment
- Inheritance, Child Support
- Insurance Payment Income Supplement
- Insurance Settlements
- VA Aid and Attendance
- VA Dependent Allotment
- VA Pension/Compensation
- Workers Compensation

MLTC: Disability Benefits – Employer/Insurance (Change)

This Income Type will continue for Non-MAGI Medicaid and EA programs.

The following two new disability types were added in the Unearned Income task:

- Disability Employer Portion
- Disability Personal Portion

Owner		
IDOL	EMMA	02-22-1984
IDOL	JAYLO	12-07-1985

Type: Dividends & Royal
Disab Employer Portion
Disab Personal Portion
Dividends & Royal
FC Other State

Frequency:
Source:
ID / Claim Number:

The new disability income types were added for MAGI eligibility. We only count the proportionate amount of the benefit paid based on the amount the employer contributed to the premium. This is the taxable income amount.

Example:

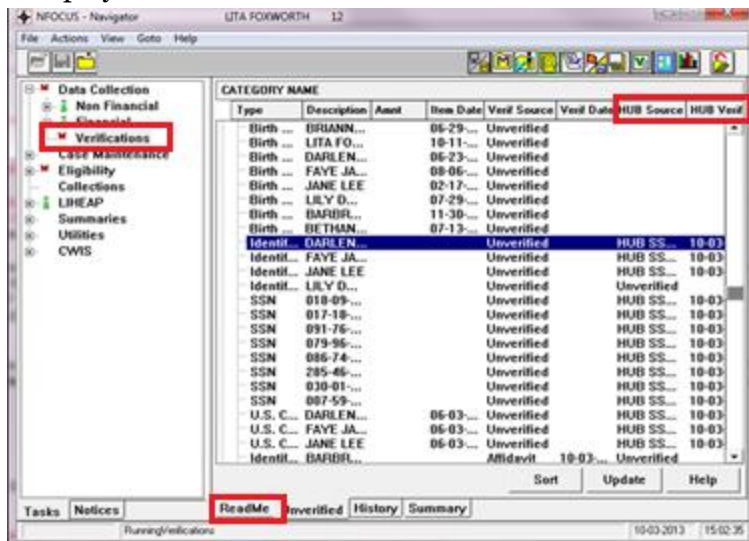
Mary's employer pays 50% of the premium on her disability insurance so only 50% of the paid benefit will be countable income. The paid benefit is \$400 per month. The worker will enter only \$200 as unearned income under the new disability income type.

John's employer pays 25% of the premium on his disability insurance so only 25% of the paid benefit will be countable income. The paid benefit is \$400 per month. The worker will enter only \$100 as unearned income under the new disability income type.

Verifications (Change)

Verifications received from the HUB display in the Verification Task.

HUB verifications for SSN, Citizenship and Identity are considered Primary Sources for Medicaid Program Cases and are the only verifications required for these eligibility factors. These verifications are automatically requested when a person is pended in a Medicaid case.



Type	Description	Asmt	Item Date	Verif Source	Verif Date	HUB Source	HUB Verif
Birth	BRUANN...		08-29...	Unverified			
Birth	LITA FO...		10-11...	Unverified			
Birth	DARLEN...		06-23...	Unverified			
Birth	FAYE JA...		08-06...	Unverified			
Birth	JANE LEE		02-17...	Unverified			
Birth	LILY D...		07-29...	Unverified			
Birth	BADDFL...		11-30...	Unverified			
Birth	BETHAN...		07-13...	Unverified			
Identif	DARLEN...			Unverified		HUB SS...	10-03
Identif	FAYE JA...			Unverified		HUB SS...	10-03
Identif	JANE LEE			Unverified		HUB SS...	10-03
Identif	LILY D...			Unverified		HUB SS...	10-03
SSN	010-09...			Unverified		HUB SS...	10-03
SSN	017-10...			Unverified		HUB SS...	10-03
SSN	091-76...			Unverified		HUB SS...	10-03
SSN	079-96...			Unverified		HUB SS...	10-03
SSN	086-74...			Unverified		HUB SS...	10-03
SSN	285-46...			Unverified		HUB SS...	10-03
SSN	030-01...			Unverified		HUB SS...	10-03
SSN	087-59...			Unverified		HUB SS...	10-03
U.S. C...	DARLEN...		06-03...	Unverified		HUB SS...	10-03
U.S. C...	FAYE JA...		06-03...	Unverified		HUB SS...	10-03
U.S. C...	JANE LEE		06-03...	Unverified		HUB SS...	10-03
Identif	BADDFL...			Affidavit	10-03...	Unverified	

The Deficit Reduction Act of 2005 requires that U.S. Citizenship and/or Identification be verified for all AABD/MED, ADC/MED, AABD/PMT, ADC/PMT, CC, LIHEAP, and MEDICAID clients.

Verification is mandatory as U.S. Citizenship and/or Identification for the following participant(s) are Unverified.

BATEMAN BEN
BATEMAN BELA
BATEMAN BENTLEY

In budgeting, the following message will display:

This task requires Hub verification for the individuals listed below. Although Hub verification is not present, other verifications do exist. Select OK to use those verifications and proceed without the Hub verifications. To request Hub verifications, go to Interfaces and select the ACA SSA Request button.



You may continue budgeting without the HUB verifications. To no longer receive these messages go to the Interface window for each case person and select the ACA SSA Request button.

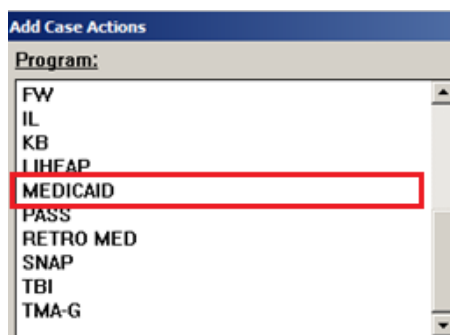
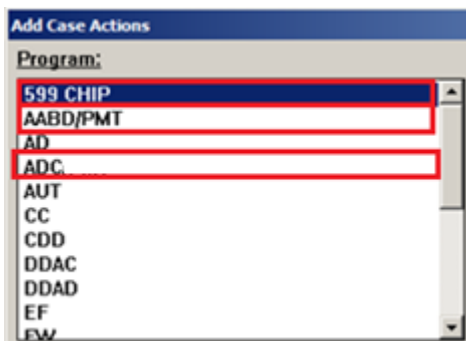
Case Maintenance (Change)

Adding/Reopening a Program Case In Expert System (Change)

Aid to Dependent Children (ADC) and Aged, Blind, Disabled Payment (AABD/PMT) are now separate program cases. You can no longer add or reopen an ADC/MED or AABD/MED case.

The following program cases are now separate:

- ADC
- AABD Payment
- Medicaid (No change from previous program other than using MAGI calculations)
- 599 Chip (No change from previous program other than using MAGI calculations)



Eligibility (Change)

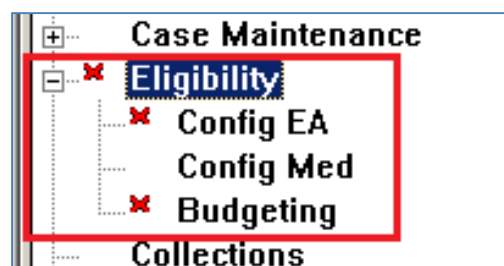
Many of the changes to Eligibility affect Medicaid due to the new ACA MAGI methodology. Economic Assistance eligibility will not be affected by these changes.

Configuration (Change)

There are now two Configuration options:

- Config EA
- Config Med

Each division is responsible for only the area that pertains to their division.



MLTC Configuration Med (Change)

The Add Medical Category is the first screen that will display when running the Medical Configuration. Prior to this release, the choices depended upon the age of the person selected. This will continue to be the case for benefit months prior to January 2014. The following changes will take affect with the January 2014 benefit month:

- PW category is no longer offered as a starting category, as it is included in both MAGI and non-MAGI configurations.
- The ADC/MN and RIB categories should be used to run Medically Needy Share of Cost eligibility for MAGI groups who fail the MAGI income test. (There is no automated reconfiguration from MAGI to MN so the worker will need to re-pend the Medically Needy case.)
- If there is a “community spouse” or “dependent family member” role in the MED case (set in Other Role actions) in the benefit month being configured, only the SIMP/OMB category is listed.
- A new Non-MAGI category “Former Foster Care” is offered for persons from the month following their 19th birthday, up to the month of their 26th birthday. If a person in this category does not meet Citizenship/Immigration status budgets will not run. No Income or Resource test.
 - Even though Income is not counted for this Program, you still need to enter this information follow normal budgeting practices. On the Budget Summary window, the Income and Resource Test will display as “Exempt” for this category.

The screenshot shows the 'Add Medical Category' window. The 'Program Case:' section displays a table with the following data:

Participant	Medical Category
SMITH	SCOTTY
MEDICAID	58075174

Below the table, a message states: ''Medical Assistance Only' Program Case(s) require that all participants have a medical category. Select the appropriate 'Medical Category' for each participant.'

The 'Medical Category' list box contains the following options:

- AABD/OMB
- ADC/MN-Absence
- ADC/MN-Death
- ADC/MN-Incap
- ADC/MN-Unemploy
- ADC/TMA
- MAGI
- Non-MAGI FFC

The 'TMA Begin Date:' field is empty. The bottom buttons are 'Next', 'OK', 'Cancel', and 'Help'.

Note: When ADC/TMA is selected for anyone who did not already have it as their category, a TMA Begin Date must be entered, and this will override any automated rules for “reuse” of an existing TMA Begin date for the case.

Budgeting (Change)

There are various changes to how budgeting will process in N-FOCUS with the ACA changes. To review these changes, refer to the training material you have been provided from the MLTC – ACA Conversion Training. Some of the changes you will see are mentioned here:

- After 10/1/2013, N-FOCUS will stop budgeting the come up month (beyond 10 days out) until you go to Case Actions and close the combined Grant/MED case and created a new ADC or AABD/PMT case and a separate MED case.
- New Budget Categories will be effective January 1st, 2014 (For cases that applied 10/1/2013 or later) when Configuration and Budgeting are run.
 - All existing Medicaid participants will be converted from the current MED categories, e.g. EMAC, ADC/MN-A, to the new categories.
- If a case has not been converted before the MESA COLA run in December 2013, it will run the PA category, i.e. ADC/MED and AABD/MED.
 - If the case fails during the MESA run, MESA will create an alert and the worker will then need to split the case and then run the COLA budgets for January 2014.

MLTC: New MAGI Categories (New)

The following are the new **MAGI** categories for the new ACA related eligibility groups:

- MAGI Infant (birth to age 1)
- MAGI Child age 1 -5
- MAGI Child age 6-18
- MAGI Pregnant Women
- MAGI parent/caretakers – Absence
- MAGI parent/caretakers – Death
- MAGI parent/caretakers – Incapacity
- MAGI parent/caretakers – Unemployment/Underemployment
- MAGI CHIP – New category, still the 200%, but using MAGI rules.
- MAGI SCHIP – New category for Special CHIP children
- 599 CHIP - these Unborns will be budgeted using MAGI rules
- MAGI Former Ward – Former Ward participants through their 21st birthday
- MAGI IMD – institution living arrangement through their 21nd birthday

There is one new **Non-MAGI** category code for a new ACA related eligibility group:

- Non-MAGI Former Foster Care – eligible through their 26th birthday.
 - Workers will need to set an Alert for the month of the 26th birthday to ensure the case is closed in a timely fashion. (N-FOCUS does not currently provide and automatic notification or closure of a Former Foster Care Medicaid case.)

Applications received 10/1/2013 or later:

- The new categories will be valid effective with the 01/2014 Benefit Month.
- Existing categories will still be supported for benefit months through December 2013.
- Some existing (Non-MAGI) Categories will continue to exist as they do now such as SIMP/OMB, SLMB, and Q-1 etc.

Note: If a case is active prior to January 2014 and no action is taken until sometime in 2014 the case will remain as is and will not have a MAGI category and benefits will be issued as they were prior to January 2014 until it is downloaded and budgeting is run.

MLTC: Medicaid and 599 CHIP Budgeting (Change)

One Person per Budget

- For the MAGI categories, there will be only one eligible member per budget.

599 CHIP

- 599 CHIP is a different program type from MED.
- These cases are still budgeted as part of the MED category, following processing of all MED case budgets.

Parent Caretaker Categories

- Budgeting continues to use the existing ADC/MN categories (deprivation, absence, incapacity, death) for the parent/caregiver.

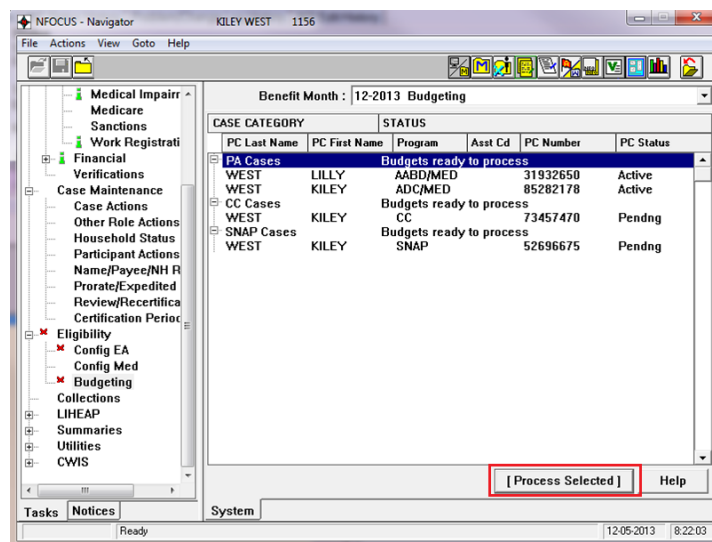
Share of Cost Budgeting

- If the MAGI income test fails, the case is re-pended and then there must be a manual reconfiguration to select the MN category.
- Budgeting uses the Ribicoff category for children for Share of Cost budgeting for MAGI children where there is no adult in the case

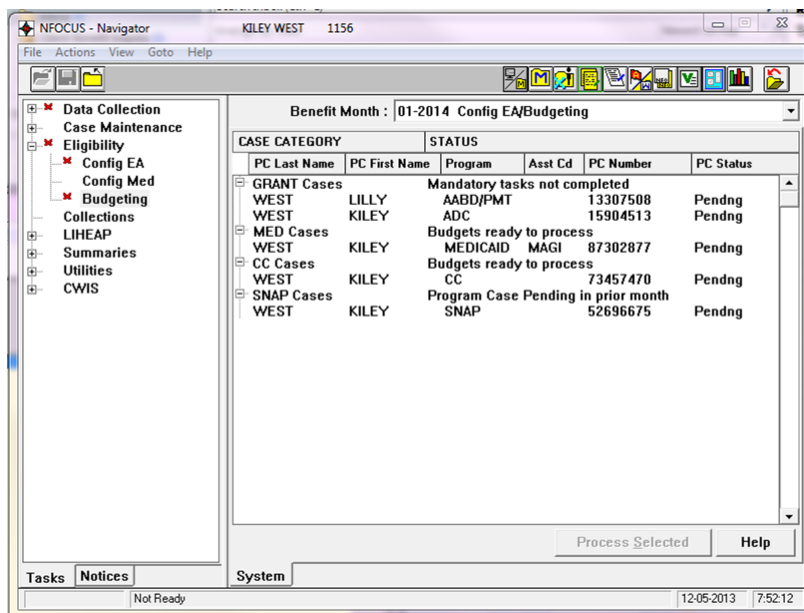
Budget Manager (Change)

The Process All button has been removed with this release. Each budget category must be selected. Select the Program area(s) to process and the Process Selected button will become active. You can multi select categories to run multiple programs at the same time.

Previously the Budget Categories were PA Cases, MED Cases, CW Cases, CC Cases and SNAP Cases.



The Budget Categories have changed to **include GRANT Cases (instead of PA Cases)** and continue to include MED Cases, CW Cases, CC Cases and SNAP Cases.



MLTC: MAGI Budgeting (New)

MAGI budgeting uses the current Income test. The Resource Test does not apply to MAGI budgets. The Added Budget Tests are as follows:

- **Verification Test** – Will 'Pass' if all income items have been verified. Will 'Fail' if not all income items are verified. If this happens you will need to initiate further verification before you can authorize a budget.
- **Compatibility Test** – Will 'Pass' if there was IRS Hub income available to run the test and the result is that the current income and IRS Hub income meet the 10% test. The Compatibility Test will 'Fail' if there is a greater than 10% difference.

Note: The tax household is declared based on what the Tax Filer plans to do in the coming tax year. In order for the system to verify the income and do the 10% compatibility test it must match the Tax Household established in the most recent tax filing year.

If household/tax filer's statuses do not match, the compatibility test will not be used and the income will have to be verified using SEW or by another method.

If either of these tests fails you will need to initiate further verification before you can authorize a budget.

MLTC: Benefit Summaries (Change)

Example 1 – Failed compatibility test due to Outside the Reasonable Compatibility Threshold.

Benefit Summary window for D. MIKE, Begin Date: 1-2014. The window displays income and compatibility test results. The left pane shows income details under the MEDICAID column, and the right pane shows MAGI PC-Absence and Regular columns. The bottom right has OK and Help buttons.

MEDICAID		MAGI PC-Absence		Regular
Unearned Income	0.00	Unit Size		3
Earned Income	700.00	Net Countable Income		700.00
Gross Income	700.00	Medical Income Level		863.00
MAGI Allowable Deductions	0.00			
Total Income Before Disreg	700.00			
5% FPL Disregard	0.00			
		Creation Date		10-06-2013
Resource Test:	Exempt			
Income Test:	Pass			
Income Compatibility Test:	Fail			
Outside of Reasonable Compatibility Threshold				
Income Verification Test:	Fail			

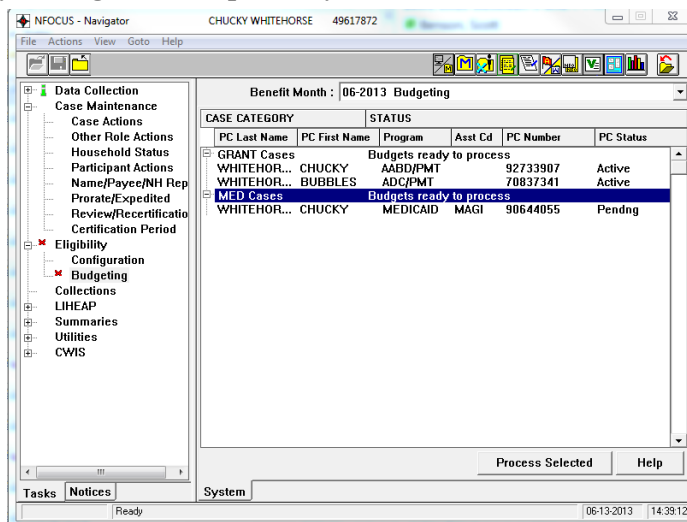
Example 2 – Cannot do compatibility test because the IRS Modified Adjusted Gross Income includes SSA Income.

Benefit Summary window for FOXWORTH, LITA, Begin Date: 1-2014. The window displays income and compatibility test results. The left pane shows income details under the MEDICAID column, and the right pane shows MAGI Child 1-5 and Regular columns. The bottom right has OK and Help buttons.

MEDICAID		MAGI Child 1-5		Regular
Unearned Income	0.00	Unit Size		8
Earned Income	1816.00	Net Countable Income		1816.00
Gross Income	1816.00	Medical Income Level		4789.00
MAGI Allowable Deductions	0.00			
Total Income Before Disreg	1816.00			
5% FPL Disregard	0.00			
		Creation Date		10-06-2013
Resource Test:	Exempt			
Income Test:	Pass			
Income Compatibility Test:	Fail			
IRS Information Includes SSA Income				
Income Verification Test:	Fail			

MLTC: Initiating Further Verification for Earned Income Using SEW (New)

1. Determine if there is State Employer Wage (SEW) quarterly data for the same employer declared by the client and if so manually calculate if the last quarterly amount is within 10% of the current earned income.
2. If the SEW data passes the 'reasonably compatible' test verify the current earned income with the 'SEW Income Compatible' verification source on the Calculate window.
3. Highlight the Med Case to Process and click the "Process Selected" push button.

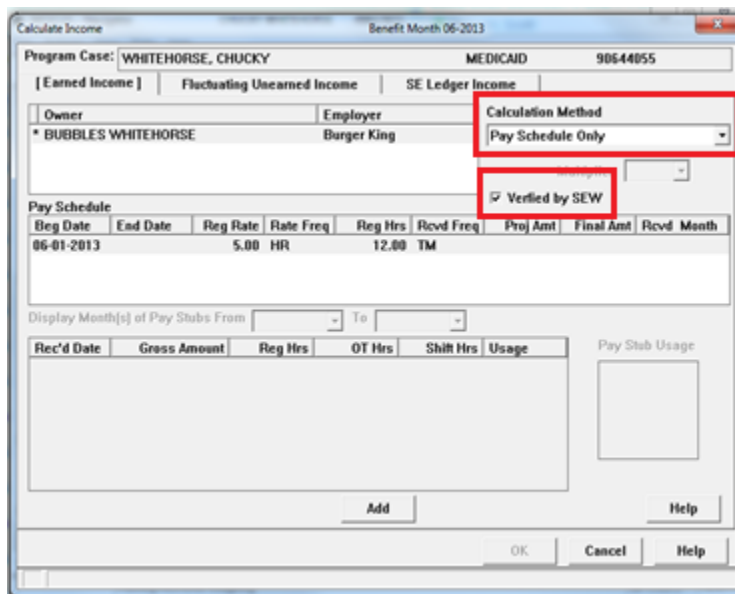


Any income that needs to have a calculation choice selected appears in the Calculate Income window.

4. Select the calculation method "Pay Schedule Only."

Note: Verified by SEW is only available when the Calculation Method of Pay Schedule Only is used.

5. Select the Pay Schedule row.
6. Select the Verified by SEW check box.
7. Select the Add button.
8. Once all income has been income, select OK

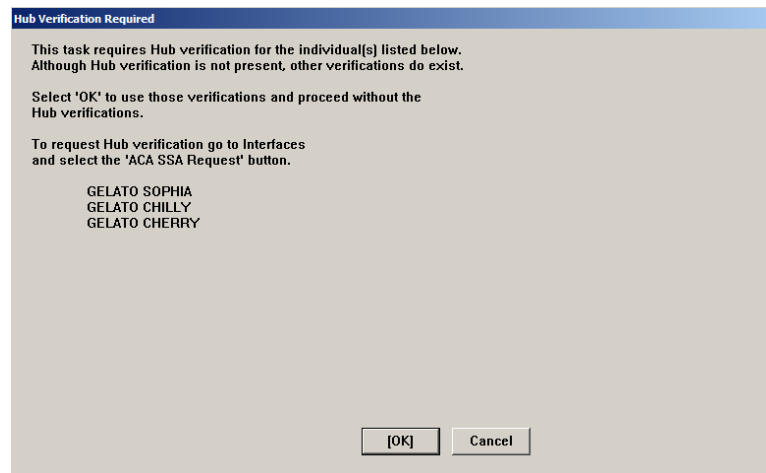


Note: Verified by SEW is only valid for MAGI Budgets. Even though it is enabled, if it is selected and the budget is Non-MAGI, budgeting will not recognize it and be stopped and display the "v" (Verifications are needed) on the Budget Authorization window.

When all other income is verified, re-run MED Budgeting and the budget should 'Pass' the Verification Test.

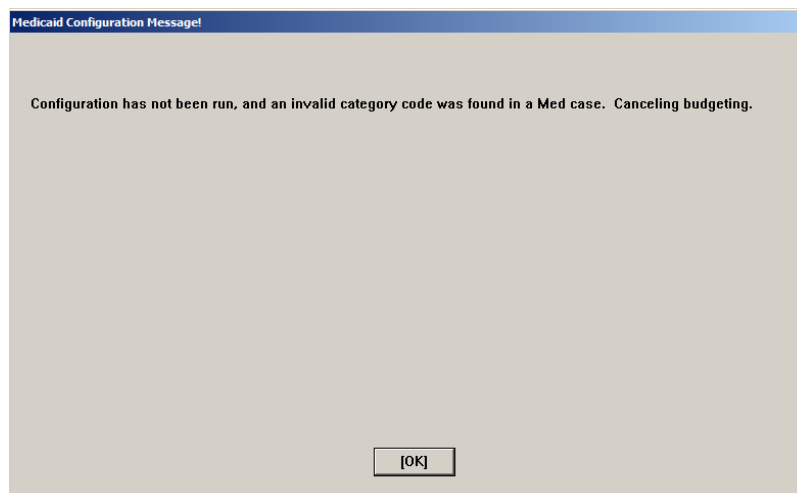
MLTC: MED Budgeting Messages (New)

The following message will display if you attempt to budget a case in which all of the individuals of the case have not had the person information types of SSN, Identity and US Citizenship verified through the HUB. To request HUB verification, go to Interfaces and select the ACA SSA Request button. Refer to the HUB Verification section of this document for further information.



Once you click OK, the following Medicaid Configuration Message message will display.

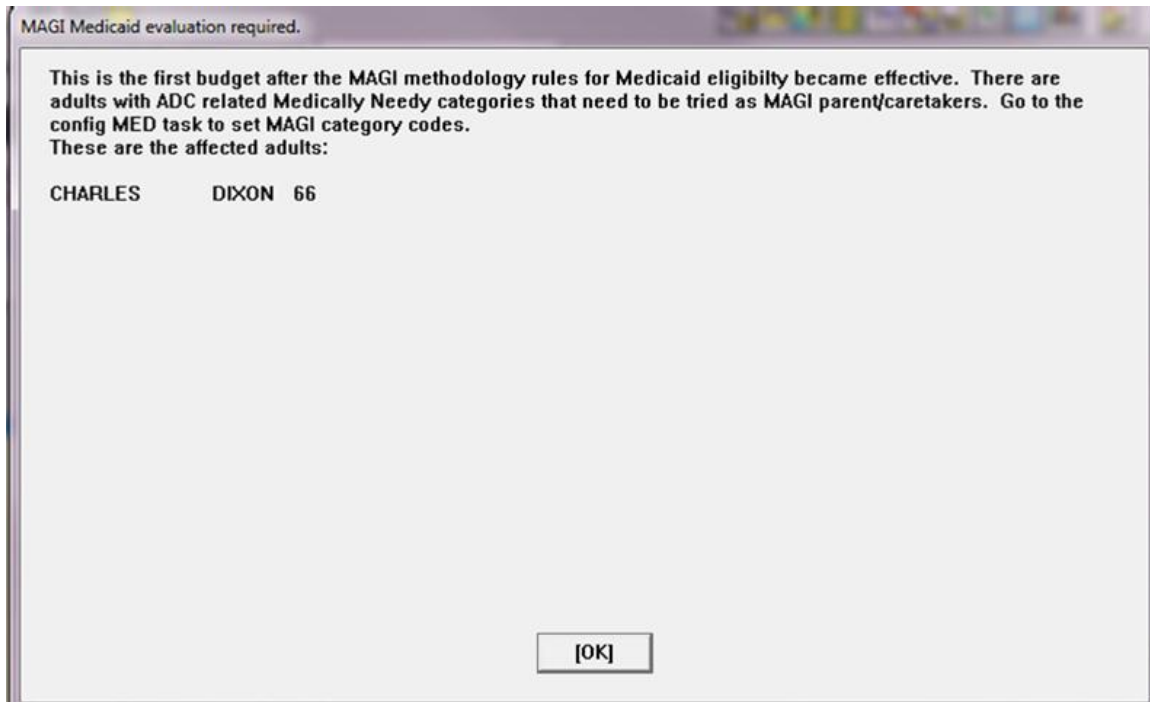
When this message appears the worker will click OK and go to Config MED and select the proper MAGI category for the adult(s) and the categories Parent/Caretaker.



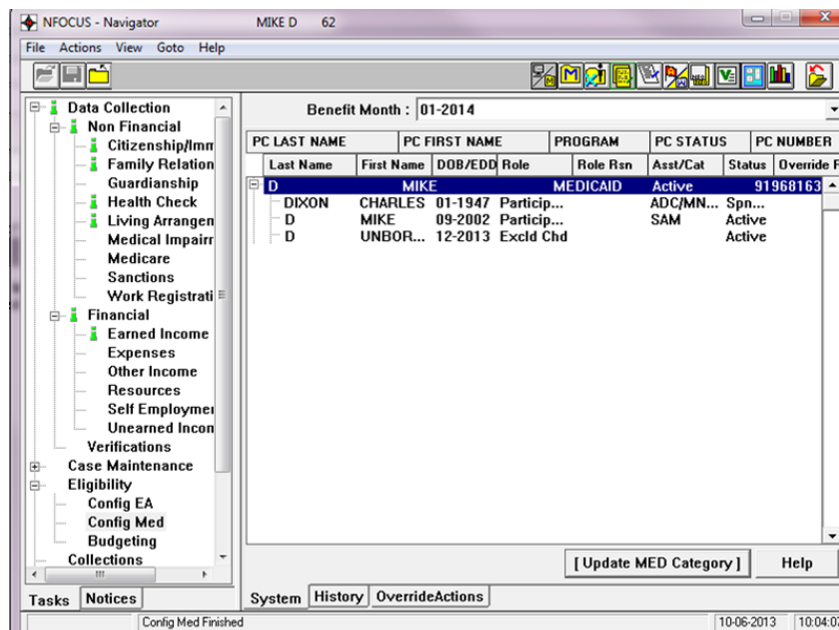
Click OK and go to Config MED to select the MAGI category.

MLTC: MED Budgeting Conversion Windows (New)

The following windows may be encountered when converting from the current budgeting to MAGI budgeting.



Click OK and navigate to the Congif MED window.



- Select the Medicaid row
- Click the Update MED Category button.
The Add Medical Category window will display.

Add Medical Category

Program Case:

D	MIKE	MEDICAID	91968163
---	------	----------	----------

'Medical Assistance Only' Program Case(s) require that all participants have a medical category. Select the appropriate 'Medical Category' for each participant.

Participant:	Medical Category	Medical Category
DIXON CHARLES 01-16-1947	ADC/MN-Ab...	AABD/OMB
D MIKE 09-09-2002	SAM	ADC/MN-Death
		ADC/MN-Incap
		ADC/MN-Unemploy
		ADC/TMA
		MAGI

TMA Begin Date:

Next OK Cancel Help

- Select the Adult
- Double Click the MAGI Category
- Click OK

Note: You can do this with the children; however, it is not required.

- Select Eligibility-Budgeting
- Process MED Budget

NFOCUS - Navigator MIKE D 62

File Actions View Goto Help

Benefit Month : 01-2014

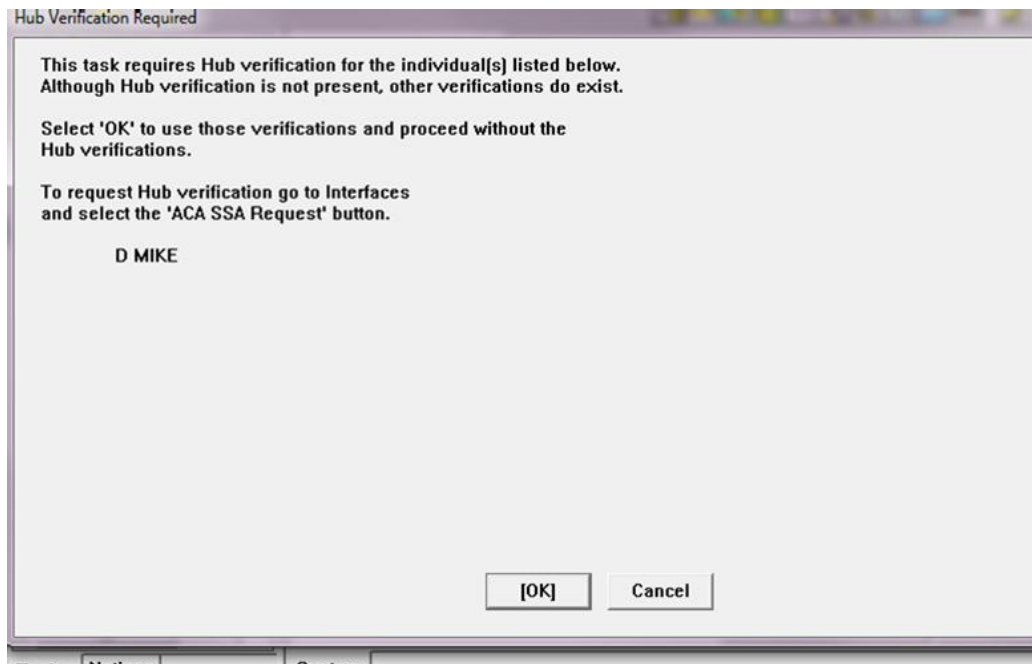
CASE CATEGORY	STATUS				
PC Last Name	PC First Name	Program	Asst Cd	PC Number	PC Status
MED Cases	Budgets ready to process				
D	MIKE	MEDICAID	MAGI	91968163	Active

[Process Selected] Help

Tasks Notices System

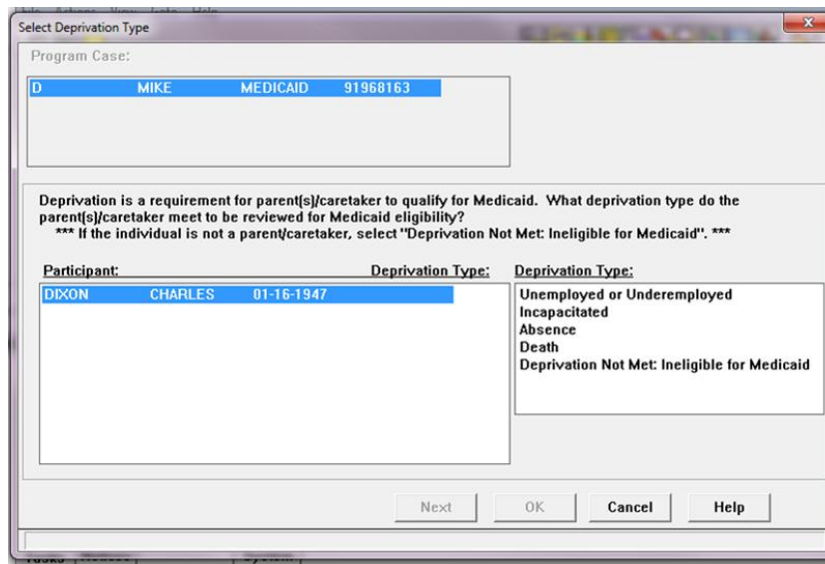
Ready 10-06-2013 10:09:22

The HUB Verif reminder window displays if the HUB Verifications have not been made. Click OK.



The Deprivation window appears.

- Select the applicable Deprivation type.



MLTC: Budgeting Authorization Window (Change)

After all the budgets for the MED cases have processed, the Budget Authorization main window displays:

In the New Budgets window there are multiple budgets of the same category - one per applicant/participant in a MAGI case.

In the Previously Authorized Budgets there is only one per child age group category, there may have been more than one child determined eligible or failed in each of those.

The new MAGI budgets have only one person per budget.

The **V designation** on budgets means that the budget has unverified income included in it.

The V designation is similar to the *r (Read Only). Workers can look at the Benefit Summary to understand but not to authorize the budget.

The V indicates that Income Verifications are mandatory before the budget can be authorized. The worker needs to cancel off the window, verify the income included in the budget and then run the budget again.

MLTC: Benefit Summary Window (Change)

For MAGI Budgets:

- The Resource Test will always show "Exempt".
- The Income test will be Pass if the Net Countable Income (top right hand side) is less than or equal to the Medical Income level for the budget category.
- The Income Verification Test will show as Pass if each income item attached to the budget has a verification source recorded on it. This includes those for which the worker has said "SEW compatible" on the Calculate window.
- The Income Compatibility Test

The screenshot shows the 'Budget Authorization' window for 'Benefit Month: 1-2014'. It has two main sections: 'New Budgets' and 'Previously Authorized Budgets'.

New Budgets:

Pgm Case	Program Case Name	Program Case Number	Asst/Cat	Elig Name	Type	Eligible	Amount	UP/OP	Ovrd.
MEDICAID	KARBOWSKI	88910063	KAMMY			Regular	Fail	0.00	
*r	AABD/OMB				Regular	Fail	0.00		
*r	SLMB				Regular	Fail	0.00		
*	QII				Regular	Pass	0.00		
MEDICAID	KARBOWSKI	77533105	KARL			Regular	Pass	0.00	
v	MAGI Child 1-5		KRAIG		Regular	Pass	0.00		
v	MAGI Child 6-18		KAREL		Regular	Pass	0.00		
v	MAGI Child 6-18		KARLEY		Regular	Pass	0.00		
*	MAGI PC-Absence		KARL		Regular	Fail	0.00		

Previously Authorized Budgets:

Pgm Case	Program Case Name	Program Case Number	Asst/Cat	Elig Name	Begin Date	End Date	Type	Elig	Amount	Issd	UP/OP	Ovrd.
MEDICAID	KARBOW...	77533105	KARL		05-01-2013	09-30-2013	Regular	Pass	0.00	Y		
MAC					05-01-2013	09-30-2013	Regular	Pass	0.00	Y		
SAM					05-01-2013	09-30-2013	Regular	Pass	0.00	Y		
MN					05-01-2013	09-30-2013	Regular	Pass	0.00	Y		
MEDICAID	KARBOW...	88910063	KAMMY		05-01-2013		Regular	Pass	0.00	N		

Buttons: Budget Override, Review, Authorize, Benefit Summary, OK, Cancel, Help.

The screenshot shows the 'Benefit Summary' window for 'JAKE PARKER' with 'Begin Date: 04-2014'. It has two main sections: 'MEDICAID' and 'MAGI INFANT'.

MEDICAID:

Item	Amount
Unearned Income	550.00
Earned Income	1,000.00
Gross Income	1,550.00
MAGI Allowable Deductions	45.00
Total income before disregard	1,505.00
5% FPL Disregard	0.00

MAGI INFANT:

Item	Amount
Unit Size	4
Net Countable Income	1,505.00
Medical Income Level	1,963.00
Creation Date	03/08/2014

Resource Test:

Test	Result
Resource Test:	Exempt
Income Test:	Pass
Income Verification Test:	Fail
Income Compatibility Test:	Pass

Overrides:

- ** Overridden Budget **
- ** Continuously Eligible **
- ** Adverse Action **

Buttons: OK, Help.

will show a “Pass” if the income used in the budget is within 10% of the Modified Adjusted Gross Income received from the HUB Tax Interface.

Note: If all income items are verified, there will not be an Income Compatibility Test. If no IRS income was returned from the HUB, there will not be an Income Compatibility Test.

Double click behind Unearned Income, Earned Income, MAGI Allowable Deductions, the 5% FPL Disregard and the Unit size will bring further details.

Override Budget, Continuously Eligible, or Adverse Action only appears if those specific situations apply to this budget.

MLTC: Medicaid Budget Summary Details for MAGI (New)

The following window is accessed by double clicking on the Unit Size of the Benefit Summary Window. The following information is provided:

- Person whose eligibility is being determined in this Budget Unit
- Medicaid Household Formed from the Tax Household
- Persons in the Master Case that are Tax Household Members
- Number of Unlisted Persons in the Tax Household
- Persons in the Medicaid Household
- Reason code for the person
- Tax Year

MEDICAID MAGI Child 6 - 18 Med Household Detail for 06/2014			
PERSON WHOSE ELIGIBILITY IS BEING DETERMINED IN THIS BUDGET UNIT.			
PARKER	JAKE		
MED HH FORMED FROM:		TAX HH	
TAX HH SIZE:		4	
REASON:		DEP CUSTODIAL	
UNIT SIZE:		4	
TAX YEAR:		2013	
PERSONS IN MC THAT ARE TAX HH MEMBERS:			
PARKER	PA	Married Filing Joint	
PARKER	MA	Joint Spouse Filer	
PARKER	JAKE	Dependent on Parent	
Number of Unlisted persons in Tax HH:		1	
Persons in MED HH:			
PARKER	PA	Tax HH	
PARKER	MA	Tax HH	
PARKER	JAKE	Tax HH	
Caseworker Name:		JACKIE B NIMBLE	
Authorized Date:		05/01/2014	
Authorized By:		TEST, SYSTEM	
OK			

Note: In the above example, the Unit Size is 4 even though there are only 3 people in the Medicaid Household. This is because there is another person in the Unlisted Persons in Tax Household field.

There are various reasons why the Unit Size and the Persons in the Medicaid Household will not match. Refer to training material and policy for details regarding various scenarios.

MLTC: Earned and Unearned Income Detail MAGI Budgeting (Change)

Due to IRS Filer requirements, all income for a person who is a child or dependent may be excluded.

MAGI budgeting will do a calculation making the filing requirement comparison. If the income does not exceed the limit it is excluded for the child or dependent. This is indicated in the Unearned and Earned Income Benefit Summary Detail windows.

Excluded Unearned Income:					
Child Support					FOX JOHN
Reason Code:	Budget Rules				
Child Support					FOX LENA
Reason Code:	Budget Rules				
Child Support					FOX SADIE
Reason Code:	Budget Rules				
Social Security					FOX JOHN
Reason Code:	MAGI no filing requirement				
Social Security					FOX LENA
Reason Code:	MAGI no filing requirement				

MAGI filing requirement comparison:					
FOX JOHN No Tax Filing Status					
Monthly EI:	0.00	Annual EI:	0.00	EI Limit:	0.00
Monthly UI:	75.00	Annual UI:	900.00	UI Limit:	0.00
Monthly GI:	75.00	Annual GI:	900.00	GI Limit:	9750.00
FOX LENA No Tax Filing Status					
Monthly EI:	0.00	Annual EI:	0.00	EI Limit:	0.00
Monthly UI:	75.00	Annual UI:	900.00	UI Limit:	0.00
Monthly GI:	75.00	Annual GI:	900.00	GI Limit:	9750.00

Participant Actions Tie Application (Change)

The Tie Application option has been added in the Expert System Add/Reopen Participant flow. The windows are not new, but previously were an option only when adding or reopening a case, not a participant. Workers should tie an application if they are adding or reopening a participant because they received a new application.

Note: If the application tied is a Healthcare Marketplace type and the application is tied to a Medicaid case, the user will flow to the new Add Federal Referral IDs window in this flow also, as appropriate. See Adding Federal Referral ID Expert System section.

Participant:			
CHENEY	ANGELA	05-21-1980	In HH
CHENEY	CHAD	07-07-1980	In HH
CHENEY	BRYAN	06-06-2009	In HH
CHENEY	RONALD	03-19-2011	In HH

Request Date:	
10-01-2013	

Prorate Date:

Change selected Participant[s] Household Status to 'In'?

Would you like to tie this program case to an application?

Yes No

Program:

CHENEY

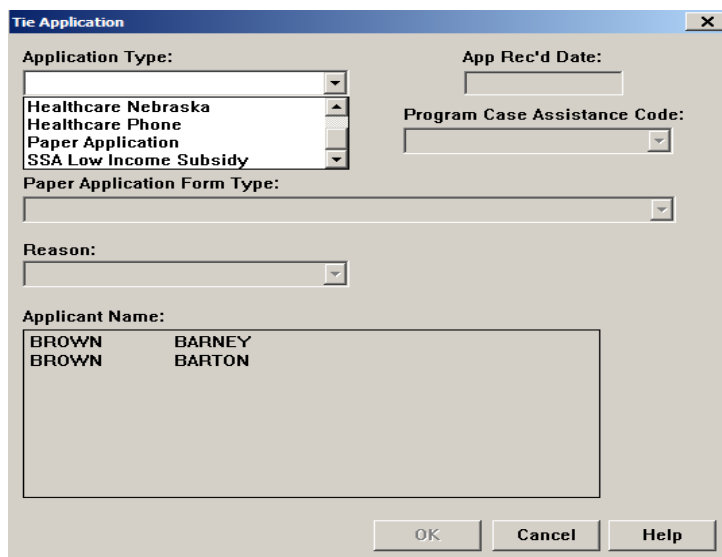
CHENEY

Next OK Cancel Help

Tying Paper Application (Change)

In order to tie a Paper Application in the Expert System, scroll down to the Paper Application type on the list. DO NOT choose the application type of Economic Assistance (even if you want to tie a paper Economic Assistance type of form). When Paper Application is selected, a list of the paper application forms will be displayed to select the correct form.

Note: The application type Economic Assistance is the electronic application that was previously named ACCESSNebraska.



Note: Although Healthcare Nebraska and Healthcare Phone will be types on the list, these application types will not be available for several months and should not be selected at this time.

EA: Gap Filling (New)

Gap Filling means that after the client filed a Federal application through the Marketplace or returned file after Nebraska made an initial determination, the Marketplace used the person's attested Annual Income and determined that the person was under 100% FPL. Because they were under 100% FPL they are not eligible for the ACA Tax Credit. The FFM will send the Application to Nebraska with a reason of "Gap Filling". We need to track these types of applications so we must use a different process for identifying them. When you receive one of these applications, follow these steps:

Application for Medicaid and Healthcare Insurance Affordability						
Application Received Date: 08-15-2013				Healthcare Confirmation Number: 10012		
Name	US Citizen?	American Indian/Alaska Native	Full Time Student	Physical/Mental Disability	Federal Referral ID	Referral Activity Reason Code
James Ryan Jr. 01-24-1962	Yes	No	No	No	FFM1234567891011121	Gap Filling

1. Look at the Federal Application to see if it indicates in the Referral Activity Reason Code field that this application is "Gap Filling".
2. Verify the Annual Income

- a. Use the verified Annual Income and divide it by 12 to come up with a monthly amount. (This is not the same as using the past 30 days.)
Note: Do not use the past 30 days even if we have it - we may have denied this person before because they were over income using monthly verified amounts.
3. Using the newly calculated monthly amount complete a paper budget to see if they are under the FPL.
4. If the amount is under the FPL run a MN (Medically Needy Budget) and override the SOC.
 - a. MN budgets use the \$392 MNIL, not the FPL. These are eligible. Send the client a notice.
5. If the amount is over the FPL, in Participant Actions, deny the case using the reason "Over Income – MAGI Gap Failure"

When the Marketplace receives the applicant's file back from the State, the exchange will use the additional verification the state obtained. Using this figure if the person is over 100% FPL they will now be eligible for the Tax Credit. If they are under the 100% FPL the Marketplace may be able to issue a hardship waiver so they could receive a tax credit.

MLTC: Override Non-MAGI Gap Fill (New)

The MN category uses non-MAGI calculation methodology. This category continues to be tested against the resource guideline. If, however, the household was determined to be eligible within the MAGI income guidelines (through the MAGI Gap process) the MAGI methodology does not utilize a resource test, so the MN budget could still fail due to excess resources and will display as shown above.

If the household was determined to be income eligible for MAGI through the manual budgeting process, using annualized income, the worker should first override the share of cost to \$0, using the reason "Medicaid Only (MAGI Gap)".

New Budgets:

Pgm Case	Program Case Name	Type	Program Case Number	Eligible	Amount	UP/OP	Ovrd.
MEDICAID	JUDE	JULIE	69993167				
*	MAGI Child 1-5	Regular		Pass	0.00		
*	MAGI Child 1-5	Regular		Pass	0.00		
*	MN	Regular		Fail	0.00		

Previously Authorized Budgets:

Pgm Case	Program Case Name	Begin Date	End Date	Type	Elig	Amount	Issd	UP/OP	Ovrd.
MEDICAID	JUDE	JULIE	69993167						
MAGI Child ...	01-01-2014	01-31-2014	Regular	Pass	0.00	N			
MAGI Child ...	01-01-2014	01-31-2014	Regular	Pass	0.00	N			
MAGI PC-U...	01-01-2014	01-31-2014	Regular	Fail	0.00	N			
MAGI PC-U...	01-01-2014	01-31-2014	Regular	Fail	0.00	N			

Budget Override (indicated by a red arrow)

Buttons: **Benefit Summary**, **OK**, **Cancel**, **Help**

Note: It is important to use the correct override reason to allow reports to be generated correctly.

1. Select the failed MN budget line.
The Budget Override pushbutton will enable.
2. Click the Budget Override button.

The Overrides for Medicaid Budget window will display.

3. Select the failed Resource Test Result line

4. Select the Override Resource Test to Exempt check box.

5. Click OK

6. Select the Reason for Override option Medicaid Only (MAGI Gap).

7. Click OK.

Note: If the SOC amount has not yet been overridden, select the Next to continue the process.

Note: When you click OK the following warning message will display.

Category	Current Value	Ovrd
Adjusted Share of Cost	488.75	
Resource Test Result	Fail	

Override Category:
 Original Category:
 Override Amount:
 Original Amount:
 Reason for Override: Medicaid Only (MAGI Gap)
 ☒ Override Resource Test to Exempt
 Next OK Close Help

Budget Authorization Benefit Month: 1-2014
 New Budgets:
 Pgm Case Program Case Name Program Case Number
 MEDICAID
 Previously Authorized:
 Pgm Case Ass't Cat
 MAGI Child
 MAGI Child
 MAGI PC-U
 MAGI PC-U
 Message!
 You have overridden the Resource Test Result. You must authorize the budget or the Override will not be applied.
 OK
 Benefit Summary OK Cancel Help

8. Click the message OK button to return to the budget authorization screen (below).

Budget Authorization Benefit Month: 1-2014

New Budgets:

Pgm Case	Program Case Name	Type	Eligible	Amount	UPPOP	Ovrd.
MEDICAID	JUDE	JULIE	69993167			
	* MAGI Child 1-5	Regular	Pass	0.00		
	* MAGI Child 6-18	Regular	Pass	0.00		
	* MN	Regular	Pass	0.00		Y

Previously Authorized Budgets:

Pgm Case	Program Case Name	Program Case Number	AssyCat	Begin Date	End Date	Type	Elig	Amount	Issd	UPPOP	Ovrd.
MEDICAID	JUDE	JULIE	69993167								
	MAGI Child ...	01-01-2014	01-31-2014	Regular	Pass	0.00	N				
	MAGI Child ...	01-01-2014	01-31-2014	Regular	Pass	0.00	N				
	MAGI PC-U...	01-01-2014	01-31-2014	Regular	Fail	0.00	N				
	MAGI PC-U...	01-01-2014	01-31-2014	Regular	Fail	0.00	N				

Buttons: Budget Override, Review, Authorize, Benefit Summary, OK, Cancel, Help

The MN budget displays as Pass and a “Y” is shown in the Ovrd (Override) column to indicate that the budget has been overridden.

EA: Additional AABD Payment Budgeting Changes (Change)

- Waivers and PASS cases do not activate based on an AABD Payment case being activated and do not close because an AABD Payment case closes.
- Allocation rules apply to AABD Payment cases and follow AABD/Med rules. (If there is no allocation and the need amount is \$0 the budget fails and the case and participants are closed unless there are both ADC and AABD cases where there is allocation between the two programs)
- If SDX indicates a SSI case is in 1619 B status and the person has 1619B Income (earned and self-employment) those budgeting rules are applied in a MED budget.

EA: Budgeting Status Message (Change)

A Budgeting *Status* Message displays to show the readiness of running a budget for a program case such as “Budgets Ready to Process”, “Mandatory Tasks Not Completed” etc., but additional messages have been added:

- Invalid Immigration Status was not detected for AABD Grant budgets in the past but it is detected now for AABD Payment cases.

Invalid Pending program case

Unable to run PA Budget Category because at least one of the program cases is pending this month.

Close Grant and Med combined case and reopen a Grant and separate Med case.

[OK]

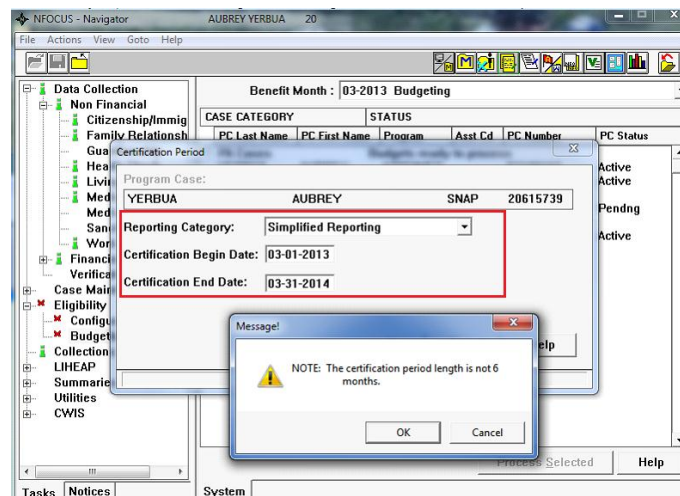
- If you attempt to budget a combined case (ADC/MED, AABD/MED etc) after this release, the following message will display. The combined case will need to be closed and two separate cases reopened.
- This does not apply to a MESA run

EA: SNAP, Child Care and ADC Six Month Reviews (Change)

SNAP, Child Care and ADC programs will return to six (6) month reviews effective with this release. AABD and MED cases will continue with a 12 month review process.

If the Reporting Category of Simplified Reporting is selected on the Certification Period pop up and the budget is for October 2013 (10/2013) the six month certification period will be in effect. If the Certification Begin and End Dates do not reflect the 6 month review timeframe, an error message will display.

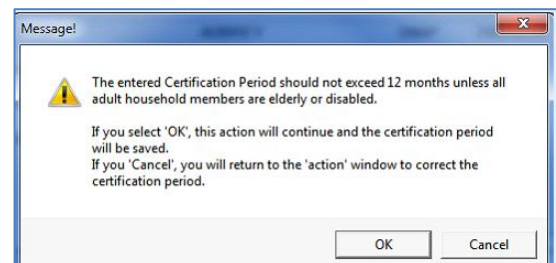
When you click OK on the warning message, displayed on the right will display.



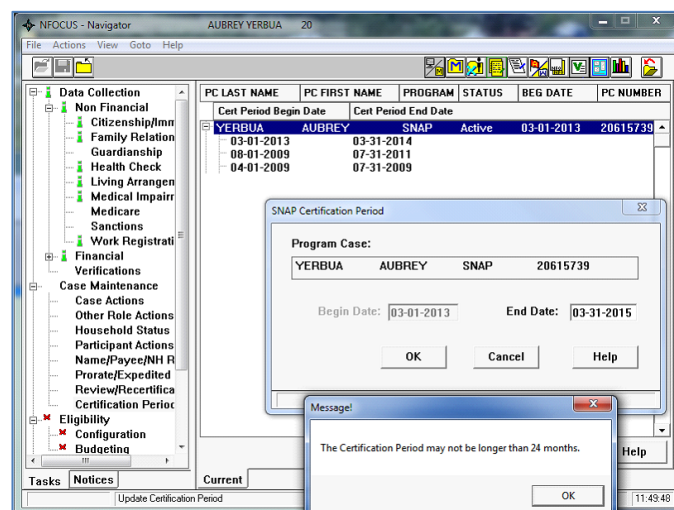
“The entered Certification Period should not exceed 12 months unless all adult household members are elderly or disabled.

If you select OK this action will continue and the certification period will be saved.

If you select Cancel, you will return to the action window to correct the certification period.”

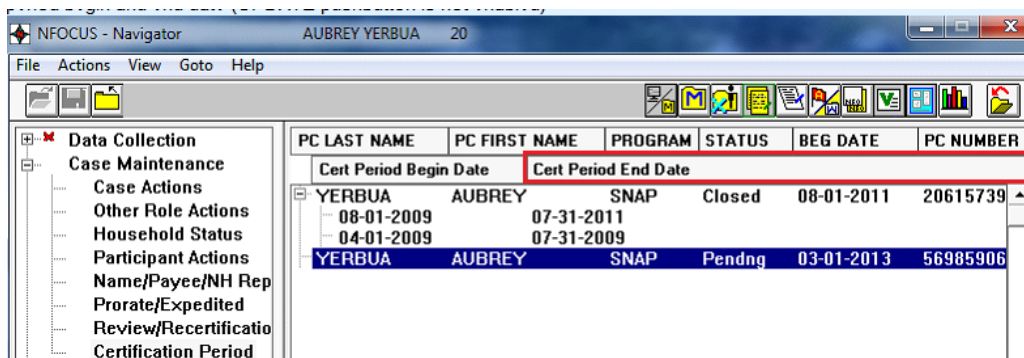


After authorizing the budget, the certification period displays on the Case Maintenance Certification Period task window. Update the Certification End Date as appropriate.



EA: New SNAP Program Case Certification Period (Change)

When a new SNAP program case is created and you click the Certification Period task, if the SNAP case is Pending with a begin date of 3/1/2013 and no certification Begin or End Date is entered, the Update button will not be enabled.



The screenshot shows the NFOCUS - Navigator application window. The title bar indicates the user is AUBREY YERBUA. The left sidebar shows a tree view with 'Data Collection' expanded, and 'Certification Period' selected under 'Case Maintenance'. The main window displays a table with the following columns: PC LAST NAME, PC FIRST NAME, PROGRAM, STATUS, BEG DATE, and PC NUMBER. The table contains two rows of data. The first row is for a 'Closed' case with a begin date of 08-01-2011 and PC number 20615739. The second row is for a 'Pendng' case with a begin date of 03-01-2013 and PC number 56985906. The 'Cert Period End Date' column is highlighted in red in the original image.

PC LAST NAME	PC FIRST NAME	PROGRAM	STATUS	BEG DATE	PC NUMBER
YERBUA	AUBREY	SNAP	Closed	08-01-2011	20615739
YERBUA	AUBREY	SNAP	Pendng	03-01-2013	56985906

When you run the SNAP budget, you will encounter the same Certification Period windows as seen in the reopen windows shown in the section above. Follow the steps indicated in the above section.

EA: SNAP Auto Deny Program (Tip)

The SNAP Auto Deny Program is only for UC SNAP cases (N-FOCUS will not auto deny an assigned SNAP case, the assigned worker will need to manually deny). The SNAP Auto Deny Program will deny the pending SNAP case on day 30 from the application received date if the household was sent a NOMI and an interview still has not been held.